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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] DANELLE KING 205-326-8299 B. SEND ACKNOWLEDGMENT TO: (Name and Address) CDIDE AL ARAMA INC

Shelby Cnty Judge of Probate, AL 07/25/2018 10:39:13 AM FILED/CERT

FORMERLY ALABAMA GAS CORPORA' 2101 6TH AVE NORTH BIRMINGHAM, AL 35203	TION				
		THE ABOVE SPA	1b. This	R FILING OFFICE USE S FINANCING STATEMEN	T AMENDMENT is
1a. INITIAL FINANCING STATEMENT FILE # 20140128000026940			V RE	e filed [for record] (or reco AL ESTATE RECORDS.	rded) in the
2. / TERMINATION Effectiveness of the Financing Statement identified above is	s terminated with res	pect to security interest(s) of the \$	Secured ^p ai	rty authorizing this Terminat	tion Statement.
CONTINUATION: Effectiveness of the Financing Statement identified abortional continued for the additional period provided by applicable law.					latement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee	in item 7c; and also give name of	assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Del	btor or Secure	ed Party of record. Check only <u>or</u>	ie of these	two boxes.	
Also check one of the following three boxes and provide appropriate information in it CHANGE name and/or address: Give current record name in item 6a or 6b; also	a give new	DELETE name: Give record name	e Al	OD name: Complete item 7 m 7c; also complete items	a or 75, and also 7d-7o (if applicable).
name (if name change) in item 7a or 7b and/or new address (if address change) în item 7c.	to be deleted in item 6a or 6b.	i ite	m 7¢; also complete items	ro-ry (ii applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME					
			Transpire.	ALANE.	Tenesiy.
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
HONEYCUTT	CHRISTO	PHEK	D		· · · · · · · · · · · · · · · · · · ·
7. CHANGED (NEW) OR ADDED INFORMATION:				<u> </u>	
7a. ORGANIZATION'S NAME					
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
132 VICTORIA STATION	MAYLEN	E	AL	35114	US
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	71. JURISDICTIO	ON OF ORGANIZATION	7g. ORG	SANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	<u> </u>				
Describe cotlateral deleted or added, or give entire restated collater	ral description, or d	iescribe collateralassigned.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	MENDMENT (name	e of assignor, if this is an Assignm	ent). If this	is an Amendment authorize	d by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	d by a Debtor, check	here and enter name of DE	BTOR autr	norizing this Amendment.	<u> </u>
SPIRE ALABAMA INC FORMERLY ALABAMA	GAS CORPO	RATION			Tauren
9b. INDIVIDUAL'S LAST NAME	FIRST NAME			E NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA					