



16				03/03/20			
	C FINANCING STATEMENT AMENDM	IFNT					
	LOW INSTRUCTIONS (front and back) CAREFULLY						
	NAME & PHONE OF CONTACT AT FILER [optional]						
	Ann Moore						
В. 8	SEND ACKNOWLEDGMENT TO: (Name and Address)						
	Compass Bank						
	4958 Valleydale Road, Suite 101						
	Birmingham, Al. 35242						
			THE ABOVE S		R FILING OFFICE USE		
	NITIAL FINANCING STATEMENT FILE # 20040729000422070			l l	FINANCING STATEMENT e filed [for record] (or recor		
2		have is terminated with res	to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.				
3	CONTINUATION: Effectiveness of the Financing Statement identific						
· L	continued for the additional period provided by applicable law.	su above with respect to st	curry interest(s) of the Securi	our arty autin	onzing this Continuation Sta		
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	b and address of assignee	n item 7c; and also give name	of assignor in	item 9.		
5. A	MENDMENT (PARTY INFORMATION): This Amendment affects	Debtor of Secure	d Party of record. Check only	one of these	wo boxes.		
	Iso check one of the following three boxes and provide appropriate informat				· · · · · · · · · · · · · · · · · · ·		
	CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address of	thange) in item 7c.	ELETE name: Give record na be deleted in item 6a or 6b.	me AL ite	D name: Complete item 7a m 7c; also complete items 7	or 7b, and also d-7g (if applicable).	
	URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·			
	Chelsea Park Properties, Ltd						
OR		FIRST NAME	FIRST NAME		NAME	SUFFIX	
7. (HANGED (NEW) OR ADDED INFORMATION:						
	7a. ORGANIZATION'S NAME						
			·	TANDOLE MARKE CLIEBLY			
OR	75 INDIVIDUALICA ACT NAME	FIDOT MANAG		A ALEXEN PRO			
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX	
OR 7c. N	7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS					SUFFIX	
OR 7c. N		FIRST NAME CITY		STATE	POSTAL CODE		
	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATIO	CITY	N OF ORGANIZATION	STATE			
	AAILING ADDRESS	CITY	N OF ORGANIZATION	STATE	POSTAL CODE		
7d.	MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box.	CITY ON 7f. JURISDICTIO		STATE 7g. ORG	POSTAL CODE	COUNTRY	
7d.	MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	CITY ON 7f. JURISDICTIO		STATE 7g. ORG	POSTAL CODE	COUNTRY	
7d.	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added, or give entire restated or	CITY ON 7f. JURISDICTIO		STATE 7g. ORG	POSTAL CODE	COUNTRY	
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