


UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Benjamin A. Owens (205-254-1869)						
B. SEND ACKNOWI	LEDGEMENT TO: (Name and Address)					
	Benjamin A. Owens Maynard, Cooper & Gale, P.C. 1901 Sixth Avenue North 2400 Regions/Harbert Plaza Birmingham, Alabama 35203	٦				
L	Bilithingilaili, Alabailia 33203	j				

	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY								
1a. INITIAL FINANCING STATEMENT FILE # 20080917000369060					to	This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS			
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.									
3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.									
4.	ASSIGNMENT: (FULL	. OR PARTIAL): Giv	e name of assignee in item 7a or 7b a	and address of assignee in item 7c; also give	name of a	ssignor in it	em 9.		
	5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7.								
							•		
6. CU	JRRENT RECORD INF	ORMATION:							
OR		a. ORGANIZATION'S NAME DeShazo Crane Company, L.L.C.							
- OR	6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFF		SUFFIX		
7. CH	IANGED (NEW) OR AD	DED INFORMAT	ION:						
O D	}	7a. ORGANIZATION'S NAME DESHAZO, LLC							
OR	7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX		
7c. MAILING ADDRESS 820 Shades Creek Parkway, Suite 1200			CITY Birmingham		STATE AL	POSTAL CODE 35209	COUNTRY USA		
7d. S <u>e</u>	7d. See Instructions ADD'L INFO RE OF ORGANIZATION ORGANIZATION Limited liability company		7f. JURISDICTION OF ORGANIZATION Alabama		7g. ORGANIZATIONAL ID # (if any) None				
8. AM	IENDMENT (COLLATERAL	. CHANGE): check o	nly <u>one</u> box.					•	
Describe collateral 🔲 deleted or 🔲 added, or give entire 🔲 restated collateral description, or describe collateral 🔲 assigned.									
TO BE FILED IN: *Shelipy @ctivity;************************************									
9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.								adds collateral or	
~~	h i	ORGANIZATION'S NAME Regions Bank							
OR	9b. INDIVIDUAL'S LAST			FIRST NAME		MIDDLE N	AME	SUFFIX	
10.0	PTIONAL FILER REFEREN	UCE DATA					····	Ţ	

2490146