UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back)	CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILE	R [optional]	· · · · · · · · · · · · · · · · · · ·
Corporation Service Company	1-800-858-5294	
B. SEND ACKNOWLEDGMENT TO: (Name	e and Address)	
79897439 - 347950		
Corporation Service Con	npany	
801 Adlai Stevenson Dri	ve	
Springfield, IL 62703		
	Filed In: Alabama	Shelby
1a. INITIAL FINANCING STATEMENT FILE#		

Shelby Cnty Judge of Probate, AL 09/24/2013 09:42:11 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the 20090910000347730 09/10/2009 REAL ESTATE RECORDS. 2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 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. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Please refer to the detailed instructions ■ DELETE name: Give record name ADD name: Complete item 7a or 7b, and also item 7c; to be deleted in item 6a or 6b. also complete items 7e-7g (if applicable). in regards to changing the name/address of a party. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME SAVANNAH BUILDING CO., LLC 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7c. MAILING ADDRESS POSTAL CODE COUNTRY CITY STATE ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION 7d. SEE INSTRUCTIONS 7g. ORGANIZATIONAL ID #, if any 7f. JURISDICTION OF ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

		IORIZING THIS AMENDMENT (name of assignor, if this Termination authorized by a Debtor, check here and ent		•	
	ga. ORGANIZATION'S NAME ServisFirst Bank				
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	

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