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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141 B. SEND ACKNOWLEDGMENT TO: (Name and Address) 16778 - COMPASS BANK - VALLE CT Lien Solutions 42402409 P.O. Box 29071 ALAL Glendale, CA 91209-9071 FIXTURE File with: Shelby, AL

Shelby Crity Judge of Probate, AL 03/14/2014 01:43:05 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 20090305000081490 3/5/2009 CC AL Shelby		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.	;
TERMINATION: Effectiveness of the Financing Statement identified above is ter	rminated with respect to security interest(s) of the Secured Par	rty authorizing this Termination Statement.	
CONTINUATION: Effectiveness of the Financing Statement identified above wit continued for the additional period provided by applicable law.	th respect to security interest(s) of the Secured Party authorizing	ng this Continuation Statement is	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and additional addi	ress of assignee in item 7c; and also give name of assignor in i	item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or	Secured Party of record. Check only one of these two bo	exes.	
Also check one of the following three boxes and provide appropriate information in it	items 6 and/or 7.		
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7b and also iter also complete items 7e-7g (if applicable).	n 7c;
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
Calera Crossings, LLC.			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX	(
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX	<
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE COUNT	ΓRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NON
. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral deleted or added, or give entire restated collatera	al description, or describe collateral assigned.		

		MENT (name of assignor, if this is an Assignment). If this is uthorized by a Debtor, check here and enter name of the content	•	
9a. ORGANIZATION'S NAME Compass Bank				· · · · · · · · · · · · · · · · · · ·
9b. INDIVIDUAL'S LAST NAM	IE	FIRST NAME	MIDDLE NAME	SUFFIX
10.OPTIONAL FILER REFERENCE 42402409	Debtor Name: Cale 33221	ra Crossings, LLC.	77-10325825/26	

	CC FINANCING STATEM LOW INSTRUCTIONS (front and back) CARE		DDENDUM
	. INITIAL FINANCING STATEMENT FILE # (sa 0090305000081490 3/5/20		
12. 1	NAME OF PARTY AUTHORIZING THIS AMEN	IDMENT (same as item 9 on Amendment	form)
	12a. ORGANIZATION'S NAME Compass Bank		
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13. L	se this space for additional information	1	· · · · · · · · · · · · · · · · · · ·

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor Name and Address:

Calera Crossings, LLC. - 2 Office Park Circle Suite 110, Birmingham, AL 35223 Secured Party Name and Address:

Compass Bank - 701 32nd St. South, Birmingham, AL 35233

Real Estate Description follows:

Recorded Owner: FEE: City of Calera, Alabama
Owner Address: LEASEHOLD: Calera Crossings, LLC,

Description: Real Property described on Exhibit B, attached hereto and made a part hereof

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