| OLLOW INSTRUCTIO   | IG STATEMENT AMEND  NS (front and back) CAREFULLY  | MENI  |   |   |   |             |                                 |                 |             |                           |            |
|--|--|---|---|---|---|-------------|---------------------------------|-----------------|-------------|---------------------------|------------|
| NAME & PHONE OF  | CONTACT AT FILER [optional]  |   |   |   |   |             |                                 |                 |             |                           |            |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)                  |  |   |   |   |   |             |                                 |                 |             |                           |            |
| 86913840 - 3   | 47950  |   |   |   |   |             |                                 |                 |             |                           |            |
| 801 Adlai Stevenson Drive                                      |  |   | 20140515000147040 1/2 \$31.00<br>20140515000147040 frobate, AL<br>Shelby Cnty Judge of Probate, AL<br>05/15/2014 01:06:58 PM FILED/CERT |   |   |             |                                 |                 |             |                           |            |
|  |  |   |   |   |   | Springfield | l, IL 62703-4261<br>Filed In: A | labama Shelby   |             |                           |            |
|  |  |   |   |   |   | <u>L</u>    | i nea m. A                      | "abania Circiby | THE ABOVE S | SPACE IS FOR FILING OFFIC | E USE ONLY |
| . INITIAL FINANCING ST<br>200910060003794                      |  |   |   | 1b. This FINANCING STATE to be filed [for record] (c                    |   |             |                                 |                 |             |                           |            |
|  | Effectiveness of the Financing Statement identifie   | ed above is terminated with respect                           | to security interest(s) of t  | REAL ESTATE RECOR   | RDS.  |             |                                 |                 |             |                           |            |
| CONTINUATION:  | Effectiveness of the Financing Statement iden  |   | ·   |   | <del> </del>                                  |             |                                 |                 |             |                           |            |
| continued for the add  | ditional period provided by applicable law.  |   |   |   |   |             |                                 |                 |             |                           |            |
|  | Il or partial): Give name of assignee in item 7a o   |   |   |   | <del></del>                                   |             |                                 |                 |             |                           |            |
|  | TY INFORMATION): This Amendment affect lowing three boxes and provide appropriate inform               |   | rty of record. Check onl  | y <u>one</u> of these two boxes.  |   |             |                                 |                 |             |                           |            |
|  | raddress: Please refer to the detailed instructions the name/address of a party.                       | DELETE name: G  |   | ADD name: Complete item also complete items 7e-7g (i                    | 7a or 7b, and also item 7c<br>if applicable). |             |                                 |                 |             |                           |            |
| CURRENT RECORD I   | · · · <del> · · · · · · · · · · · ·</del>  |   |   |   |   |             |                                 |                 |             |                           |            |
| 6a. ORGANIZATION'S   | NAME   |   |   |   |   |             |                                 |                 |             |                           |            |
| 8 66. INDIVIDUAL'S LAS   | ST NAME  | FIRST NAME  | <u> </u>  | MIDDLE NAME   | SUFFIX  |             |                                 |                 |             |                           |            |
| Howell   |  | John  |   | E   |   |             |                                 |                 |             |                           |            |
| CHANGED (NEW) OR 7a. ORGANIZATION'S                            | ADDED INFORMATION:<br>NAME   |   |   |   |   |             |                                 |                 |             |                           |            |
| 7b. INDIVIDUAL'S LAS   | TNAME  | FIRST NAME  | ·   | MIDDLE NAME   | SUFFIX  |             |                                 |                 |             |                           |            |
| . MAILING ADDRESS  |  | CITY  |   | STATE POSTAL CODE   | COUNTRY                                       |             |                                 |                 |             |                           |            |
| SEEINSTRUCTIONS  | ADD'L INFO RE   7e. TYPE OF ORGANIZA<br>ORGANIZATION   | TION 7f. JURISDICTION OF                                      | ORGANIZATION  | 7g. ORGANIZATIONAL ID #,  | if any  |             |                                 |                 |             |                           |            |
|  | ATERAL CHANGE): check only one boy   |   | <del></del>   |   | NO  |             |                                 |                 |             |                           |            |
| AMENDMENT (COLL  | eleted or added, or give entire restate  | d collateral description, or describ                          | e collateral assigne  | ed.   |   |             |                                 |                 |             |                           |            |
| `  |  |   |   |   |   |             |                                 |                 |             |                           |            |
| `  |  |   |   |   |   |             |                                 |                 |             |                           |            |
| `  |  |   |   |   |   |             |                                 |                 |             |                           |            |
| `  |  |   |   |   |   |             |                                 |                 |             |                           |            |
| `  |  |   |   |   |   |             |                                 |                 |             |                           |            |
| `  |  |   |   |   |   |             |                                 |                 |             |                           |            |
| `  |  |   |   |   |   |             |                                 |                 |             |                           |            |
| Describe collateral d  |  |   |   |   |   |             |                                 |                 |             |                           |            |
| NAME OF SECURED  | PARTY of RECORD AUTHORIZING T  | THIS AMENDMENT (name of assouthorized by a Debtor, check here | signor, if this is an Assign  | ment). If this is an Amendment auth                                     | orized by a Debtor whic                       |             |                                 |                 |             |                           |            |
| NAME OF SECURED adds collateral or adds the                    |  | THIS AMENDMENT (name of assouthorized by a Debtor, check here | signor, if this is an Assign<br>and enter name of D   | ment). If this is an Amendment auth<br>EBTOR authorizing this Amendmen  | orized by a Debtor which                      |             |                                 |                 |             |                           |            |
| NAME OF SECURED adds collateral or adds the 9a. ORGANIZATION'S | PARTY OF RECORD AUTHORIZING To authorizing Debtor, or if this is a Termination a NAME ServisFirst Bank | THIS AMENDMENT (name of assouthorized by a Debtor, check here | signor, if this is an Assign<br>and enter name of D   | ment). If this is an Amendment auth<br>EBTOR authorizing this Amendmen  | orized by a Debtor which                      |             |                                 |                 |             |                           |            |
| NAME OF SECURED adds collateral or adds the 9a. ORGANIZATION'S | PARTY OF RECORD AUTHORIZING To authorizing Debtor, or if this is a Termination a NAME ServisFirst Bank | THIS AMENDMENT (name of as authorized by a Debtor, check here | signor, if this is an Assign<br>and enter name of D   | ment). If this is an Amendment auth<br>EBTOR authorizing this Amendment | orized by a Debtor which                      |             |                                 |                 |             |                           |            |

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

| FOL | LOW INSTRUCTIONS (front                       | and back) CAREFU | JLLY               |                          |
|-----|---|------------------|--------------------|--------------------------|
|     | NITIAL FINANCING STATES<br>20091006000379460  | •                | as item 1a on Amei | ndment form)             |
| 12. | NAME OF PARTY AUTHOR 12a. ORGANIZATION'S NAME |                  |                    | tem 9 on Amendment form) |
| OR  | 12b. INDIVIDUAL'S LAST NAME                   | FIRS1            | NAME               | MIDDLE NAME, SUFFIX      |

13. Use this space for additional information

20140515000147040 2/2 \$31.00 Shelby Cnty Judge of Probate, AL 05/15/2014 01:06:58 PM FILED/CERT

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