LICO ENLANCINIO OTATEMENIT A RAENIDRA	CNIT				
UCC FINANCING STATEMENT AMENDM FOLLOWINSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)	<u>-</u>				
Martin G. Woosley 205-802-1100					I Bi I Bis
B. E-MAIL CONTACT AT FILER (optional)		20 20	0140925000301970 1/1 s		
mw@martinrawson.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)		Sh OS	nelby Cnty Judge of Pr 1/25/2014 01:54:52 pm	00 Obata	
			7/25/2014 01:54:52 PM	FILED/C	AL ERT
Martin G. Woosley					
Martin, Rawson & Woosley, P.C. #2 Metroplex Drive, Suite 102					
Birmingham, Alabama 35209					
				ICE HICE (SALL V
1a. INITIAL FINANCING STATEMENT FILE NUMBER			SPACE IS FOR FILING OFF TATEMENT AMENDMENT is to b		
20081106000430340 Filed 11/06/2008		(or recorded) in the	REAL ESTATE RECORDS ent Addendum (Form UCC3Ad) <u>and</u> p		
2. TERMINATION: Effectiveness of the Financing Statement identifie	d above is termi				
Statement					
 ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affective. 			ame of Assignor in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement identi continued for the additional period provided by applicable law	fied above with	respect to the security interest(s) of	of Secured Party authorizing this	Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:				·	
Check one of these two boxes:	eck <u>one</u> of these CHANGE name	and/or address: Complete AD			Give record name
			or 7b, <u>and</u> item 7cto be	deleted in it	tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	T Charige - provid	de offic flame (oa or ob)	· · · · · · · · · · · · · · · · · · ·	· · · · • • • • • • • • • • • • • • • •	·····
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/IN	ITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAME	Information Change	- provide only <u>one</u> name (7a or 7b) (use exac	t, full name; do not omit, modify, or abbrevi	ate any part of	the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME				<u> </u>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY	<u> </u>	STATE POSTAL CODE		COUNTRY
					:
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collatera	DELETE collateral	RESTATE covered collateral		SSIGN collatera
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH			9b) (name of Assignor, if this is a	n Assignmei	nt)
If this is an Amendment authorized by a DEBTOR, check here and present the second seco	ovide name of au	uthorizing Debtor		<u>.</u>	
Southern Farm Bureau Life Insurance	Comnany	7			
9b. INDIVIDUAL'S SURNAME		ERSONAL NAME	ADDITIONAL NAME(S)/IN	ITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					