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Shelby Cnty Judge of Probate, AL

UCC FINANCING STATEMENT AMENDMENT 11/20/2014 11:32:26 AM FILED/CERT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) **HOLLY DUGAS 337-359-1390** B. E-MAIL CONTACT AT FILER (optional) HDUGAS@IBERIABANK.COM C. SEND ACKNOWLEDGMENT TO: (Name and Address) **IBERIABANK** P O BOX 12440 NEW IBERIA, LA 70560 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 20130502000180040 Filer. attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: CHANGE name and/or address: Complete ADD name: Complete item DELETE name: Give record name 7a or 7b, and item 7c This Change affects Secured Party of record to be deleted in item 6a or 6b Debtor or item 6a or 6b; and item 7a or 7b and item 7c 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME SHELBY OB LLC ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS CITY STATE **POSTAL CODE** COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral **ASSIGN** collateral Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME **IBERIABANK** 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

LN# 5300269867 (SHELBY COUNTY AL)