



Shelby Cnty Judge of Probate, AL 12/16/2014 10:34:51 AM FILED/CERT

UCC FINANCING STATEMENT AMENDN FOLLOW INSTRUCTIONS	7EN I			
A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-52	294			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	· · <u>-</u> · · · ·			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	· · · · · · · · · · · · · · · · · · ·			
94190764 - 347950		<b>]</b>		
Prepared By:				
Corporation Service Company				
801 Adlai Stevenson Drive Springfield, IL 62703-4261	Filed In: Alabama (Shelby)			
Opinigiloid, iE 02700"+201	(Sileiby)	J	ACE IS FOR FILING OFFICE	E USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20100510000147060 5/10/2010		1b. This FINANCING STAT (or recorded) in the REA Filer: attach Amendment A	EMENT AMENDMENT is to be to AL ESTATE RECORDS Addendum (Form UCC3Ad) and prov	
TERMINATION: Effectiveness of the Financing Statement identification     Statement	ed above is terminate	<del></del>		
3. ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate af		_	e of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement iden continued for the additional period provided by applicable law	tified above with resp	ect to the security interest(s) of S	ecured Party authorizing this Co	ntinuation Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two buxes.	neck <u>one</u> of these three		ame: Complete item DELETE	name: Give record name
		or address: Complete m 7a or 7b <u>and</u> item 7c 7a or 7	b, and item 7c to be de	eleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information  6a. ORGANIZATION'S NAME	on Change - provide or	nly <u>one</u> name (6a or 6b)		
6b. INDIVIDUAL'S SURNAME		ONAL NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
Huffman	Ryan			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 7a. ORGANIZATION'S NAME	y Information Change - prov	ide only <u>one</u> name (7a or 7b) (use exact, full	name; do not omit, modify, or abbreviate	any part of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUALIS EIDST DEDSONIAL NAME				
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:			I IVESTATE COVERED COMMENT	ASSIGN Collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING T	HIS AMENDMENT	Provide only one name (9a or 9b)	(name of Assignor, if this is an A	ssianment)
If this is an Amendment authorized by a DEBTOR, check here and p	provide name of author			
9a. ORGANIZATION'S NAMEServisFirst Bank				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONAL NAME(S)/INITIA	AL(S) SUFFIX
		_		(-,
10. OPTIONAL FILER REFERENCE DATA: 10699	<u></u>			