NIAME & DUCKIE OF CONTACT AT FILED (
NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-88	58-5294	2015062200 Shalby Col	Judge of Probate, AL	
E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com		06/22/2019	11:24:38 AM FILED/CERT	
. SEND ACKNOWLEDGMENT TO: (Name and Address)				
100825519 - 347950				
Prepared By:				
Corporation Service Company 801 Adlai Stevenson Drive	Filed In: Alabama			
Springfield, IL 62703-4261	(Shelby)			
		•	PACE IS FOR FILING OFFICE USE	
. INITIAL FINANCING STATEMENT FILE NUMBER 0101110000378680 11/10/2010		(or recorded) in the RE	TEMENT AMENDMENT is to be filed [fo AL ESTATE RECORDS Addendum (Form UCC3Ad) <u>and</u> provide Deb	
TERMINATION: Effectiveness of the Financing Statement Statement	tidentified above is terminated v	vith respect to the security inte	erest(s) of Secured Party authorizing this	s Termination
ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment, complete items 7 and 9 and also ind			e of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable la		to the security interest(s) of S	ecured Party authorizing this Continuat	ion Statemen
PARTY INFORMATION CHANGE:			·- ·	
Check <u>one</u> of these two boxes.	<u>AND</u> Check <u>one</u> of these three bo CHANGE name and/or a		name: Complete item DELETE name:	Give record
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item 7		name: Complete item DELETE name: 7b, <u>and</u> item 7c to be deleted in	item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party In 6a. ORGANIZATION'S NAME	iformation Change - provide only	one name (6a or 6b)		
6b. INDIVIDUAL'S SURNAME			ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Spratlin	William		F	
CHANGED OR ADDED INFORMATION: Complete for Assignment	ent or Party Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, ful	I name; do not omit, modify, or abbreviate any part	of the Debtor's na
7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S SURNAME	-		···· ··· ··· ··· ··· ··· ··· ··· ··· ·	
7 D. TIED ON LE O CONTRACTOR				
INDIVIDUAL'S FIRST PERSONAL NAME		· 		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<u>,</u>	· · · · · · · · · · · · · · · · · · ·	SUFFIX
MANUNO ADDDECC	CITY	_	STATE POSTAL CODE	COUNTR
MAILING ADDRESS				
COLLATERAL CHANGE: Also check one of these four bo			RESTATE covered collateral	
MAILING ADDRESS				

100825519

10. OPTIONAL FILER REFERENCE DATA: 12237 & 12240