. NAME & PHONE OF CONTACT AT FILER (optional)	204				
Corporation Service Company 1-800-858-5 E-MAIL CONTACT AT FILER (optional)	<u> </u>				
SPRFiling@cscinfo.com					
. SEND ACKNOWLEDGMENT TO: (Name and Address)					1
104756658 - 360410		20150S	22000332060	1/1 \$31.00	
Corporation Service Company		Shelby	'Cnty Judge	of Probate, At	
801 Adlai Stevenson Drive Springfield, IL 62703-4261	Filed In: Alabama	09/22/	2015 11:48:	11 AM FILED/CERT	
	(Shelby)				
				R FILING OFFICE US	
1. INITIAL FINANCING STATEMENT FILE NUMBER 20060216000077720 2/16/2006		1b. This FINANCING S (or recorded) in the	KEAL ESTATE	(ECOKD3	
TERMINATION: Effectiveness of the Financing Statement identi	ified above is terminated v			m UCC3Ad) <u>and</u> provide Del tured Party authorizing th	
Statement	illed above is terminated v	vitir respect to the security	interest(s) or occ	died i dity ddillonzing ti	
ASSIGNMENT (full or partial): Provide name of Assignee in iter For partial assignment, complete items 7 and 9 and also indicate a			name of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	entified above with respect	to the security interest(s)	of Secured Party	authorizing this Continua	ition Statement
PARTY INFORMATION CHANGE:		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Check one of these two hoxes:	Check <u>one</u> of these three be		DD name: Comple	te item DELETE name	e: Give record n
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; <u>and</u> item	7a or 7b and item 7c 7a	or 7b, <u>and</u> item 7	te item DELETE name to be deleted i	n item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Informa 6a. ORGANIZATION'S NAMEKessler Greystone LLC	tion Change - provide only	one name (6a or 6b)			
Tessier Greystone LLC					
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME	arty Information Change - provide	only <u>one</u> name (7a or 7b) (use exac	ct, full name; do not or	nit, modify, or abbreviate any par	t of the Debtor's nan
7b. INDIVIDUAL'S SURNAME			<u> </u>		
					<u></u>
INDIVIDUAL'S FIRST PERSONAL NAME					SUFFIX
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	CITY		STATE	POSTAL CODE	COUNTRY
	CITY		STATE	POSTAL CODE	
				Y	

104756658

10. OPTIONAL FILER REFERENCE DATA:506106346 - AL - SHELBY