UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS	iT						
A. NAME & PHONE OF CONTACT AT FILER (optional) James Webb (205) 521-8811	···						
B. E-MAIL CONTACT AT FILER (optional)	<u> </u>						
jwebb@babc.com							
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		20151208000419840 1/1 \$ 00					
Bradley Arant Boult Cummings LLP 1819 Fifth Avenue North Birmingham, Alabama 35203 Attn: James Webb		Sh	nelby Cnty 2/08/2015	Judge	of Proba	te, AL	
		THE ABO	VE SPACE	S FOR F	ILING OFFI	CE USE C	NLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. 7 This FINANCING STATEMENT AMENDMENT is to be filed [for record]					
20060810000390040	(or recorded) in the REAL ESTATE RECORDS Filer: <u>attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</u>						
2. TERMINATION: Effectiveness of the Financing Statement identified about the Statement	ve is terminated v	vith respect to the secu	rity interest(s)	of Secure	d Party autho	rizing this	rermination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected			nd name of As	signor in it	em 9		
4. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	above with respect	to the security interest	(s) of Secured	Party auth	norizing this (Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:							
Check one of these two boxes.	<u>ne</u> of these three b NGE name and/or a		ADD name: (complete ite	emDELE	TE name: (Sive record name em 6a or 6b
This Change affects Debtor or Secured Party of record item 6. CURRENT RECORD INFORMATION: Complete for Party Information Cha			7a or 7b, <u>and</u>	item 7c	to be	deleted in ite	em 6a or 6b
6a. ORGANIZATION'S NAME	inge - provide only	One name (oa or ob)	- 	_	······································		
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	AD	ADDITIONAL NAME(S)/INITIA		TIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information of the Complete for Assignment or Party Info	ation Change - provide	only <u>one</u> name (7a or 7b) (use	exact, full name; o	lo not omit, m	odify, or abbrevia	ate any part of	the Debtor's name)
7a. ORGANIZATION S NAIME							
OR 7b. INDIVIDUAL'S SURNAME							<u> </u>
INDIVIDUAL'S FIRST PERSONAL NAME	•				······································		., .
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		······································		· · · · · · · · · · · · · · · · · · ·	•		SUFFIX
7c. MAILING ADDRESS	CITY		ST	ATE PC	STAL CODE		COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: Also	DD collateral	DELETE collateral	REST	TATE cover	red collateral	A	SSIGN collateral
Indicate collateral:							
	<u> </u>						
	AMENDMENT: I name of authorizi	·	9a or 9b) (name	e of Assign	or, if this is ar	n Assignmer	nt)
9a. ORGANIZATION'S NAME Compace Rank							
Compass Bank OR 96. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	IAF	DITIONAL	NAME(S)/INI	TIAL(S)	SUFFIX
•						· ·· /=(~/	
10. OPTIONAL FILER REFERENCE DATA:	J						
to be filed with the Probate Office of Shelby County, A	Alabama		_				