	NDMENT				
A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-85	58-5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
111280989 - 347950					
Prepared By: Corporation Service Company		201602080000402 Shelby Cnty Jud	ge of Pro	bate, AL	
801 Adlai Stevenson Drive	Filed In: Alabama	02/08/2016 02:2	0:19 PM F	ILED/CERT	
Springfield, IL 62703-4261	(Shelby)	THE ABOVE SPACE	E IC EAD EII	INC OFFICE USE O	NII V
1a. INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOVE SPACE  1b. This FINANCING STATEME  (or reported) in the REAL E			
#20110701000192340 7/1/2011		(or recorded) in the REAL E	SINIE NEUC	INDS	
TERMINATION: Effectiveness of the Financing Statement     Statement	t identified above is terminated w				
ASSIGNMENT (full or partial): Provide name of Assignee     For partial assignment, complete items 7 and 9 and also ind	in item 7a or 7b, and address of sicate affected collateral in item 8	Assignee in item 7c and name of /	Assignor in ite	m 9	
4. CONTINUATION: Effectiveness of the Financing Stateme	ent identified above with respect		ed Party auth	orizing this Continuatio	n Statement is
Check one of these two boxes:  This Change affects Debtor or Secured Party of record  6. CURRENT RECORD INFORMATION: Complete for Party Information of the control of the c		one name (6a or 6b)	nd item 7c	DELETE name: (	em 6a or 6b
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL I	NAME(\$)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignmental Transfer of the Property of the Complete for Assignmental Transfer of Transfer of the Complete for Assignmental Transfer of the Complete fo	ent or Party Information Change - provide of	only one name (7a or 7b) (use exact, full name	e, do not omit, mo	dify, or abbreviate any part of	the Debtor's nam
OR 7b. INDIVIDUAL'S SURNAME				· • • • • • • • • • • • • • • • • • • •	
INDIVIDUAL'S FIRST PERSONAL NAME		<u> </u>	<del></del>	<u> </u>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<u> </u>			SUFFIX
		<del></del>	STATE POS	STAL CODE	COUNTRY
7c. MAILING ADDRESS	CITY				
7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Also check one of these four both			STATE covere	ed collateral A	SSIGN collate
			STATE covere	ed collateral A	SSIGN collate
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8. COLLATERAL CHANGE: Also check one of these four bound indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORI	oxes: ADD collateral	DELETE collateral RE			
8. COLLATERAL CHANGE: Also check one of these four bound indicate collateral:	oxes: ADD collateral	DELETE collateral RE			

111280989

19. OPTIONAL FILER REFERENCE DATA: 13482