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Shelby Chty Judge of Probate: AL 02/15/2016 11:32:59 AM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-52	94				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<u> </u>				
111650220 - 347950					
Prepared By: Corporation Service Company					
	Filed In: Alabama				
Springfield, IL 62703-4261	(Shelby)				
		THE ABOVE SPA	CE IS FOR FILING O	FFICE USE O	NLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER #20110708000198710 7/8/2011		1b. This FINANCING STATES (or recorded) in the REAL Filer: attach Amendment Add	LOTATE RECORDS		
2. TERMINATION: Effectiveness of the Financing Statement identification Statement	ed above is terminated v	with respect to the security intere	st(s) of Secured Party a	uthorizing this T	ermination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate af			of Assignor in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement iden continued for the additional period provided by applicable law		· · · · · · · · · · · · · · · · · · ·	ured Party authorizing t	his Continuation	Statement is
5. PARTY INFORMATION CHANGE:	neck <u>one</u> of these three b	oxes to:			
Check one of these two boxes.	CHANGE name and/or a item 6a or 6b; and item			ELETE name: Go be deleted in ite	
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information			and ten 7c	be deleted in ite	ni da di db
6a. ORGANIZATION'S NAMESierra Building Company, I		One name (oa or ob)	····		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 7a. ORGANIZATION'S NAME	y Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not omit, modify, or abl	previate any part of the	ne Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME	<u>-, </u>		<u> </u>		
INDIVIDUAL'S FIRST PERSONAL NAME					······································
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			· ·		SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CO	DE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collate	eral AS	SIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING 1	THIS AMENDMENT: I	Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this i	is an Assignment	t)
	provide name of authorizi	ng Debtor	······································	<u></u>	
9a. ORGANIZATION'S NAME ServisFirst Bank					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
					1

Wilmington, DE 19808

111650220

10. OPTIONAL FILER REFERENCE DATA: 13505