A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 114708686 - 347950 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Alabama (Shelby)	20160421000131320 1/1 \$.00 Shelby Cnty Judge of Probate, AL 04/21/2016 01:15:13 PM FILED/CERT
SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 114708686 - 347950 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Alabama	
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801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Alabama	·
Springfield, IL 62703 Filed In: Alabama	
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- INVELANTED OF A TEMENT FULL AND ED.	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
a. INITIAL FINANCING STATEMENT FILE NUMBER 20151211000424410 12/11/2015	This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item:
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with	
Statement Statement ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of As	ssignee in item 7c <u>and</u> name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to 1	the security interest(s) of Secured Party authorizing this Continuation Statement is
continued for the additional period provided by applicable law	
5. PARTY INFORMATION CHANGE: Chack and of these two boyes: AND Check one of these three boxes	s to:
Check one of these two boxes: Check one of these two boxes: CHANGE name and/or addr This Change affects Debtor or Secured Party of record item 6a or 6b; and item 7a or	
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one	
6a. ORGANIZATION'S NAME 154 BUSINESS CENTER DRIVE, LLC	
6b. INDIVIDUAL'S SURNAME FIRST PERSONAL	NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only 17a. ORGANIZATION'S NAME	one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name
OR	· · · · · · · · · · · · · · · · · · ·
7b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS CITY	STATE POSTAL CODE COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral RESTATE covered collateral ASSIGN collater

114708686