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JCC FINANCING STATEMENT AME	NDMENT				
NAME & PHONE OF CONTACT AT FILER (optional) Christine Guthrie					
3. E-MAIL CONTACT AT FILER (optional)] 	Allianos.		
C. SEND ACKNOWLEDGMENT TO: (Name and Address))				II (I tii m m
KattenMuchinRosenman LLP		She	607190002510 1by Cnty Jus	020 1/1 \$.00	
575 Madison Avenue New York, NY 10022		5//	19/2016 09:2	020 1/1 \$.00 lge of Probat 8:24 AM FILE	e, AL
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		THE ABOVE	SPACE IS FOR	FILING OFFICE	USE ONLY
a. INITIAL FINANCING STATEMENT FILE NUMBER 20110119000019260 01/19/2011		b. This FINANCING ST (or recorded) in the I	REAL ESTATE Ří	CORDS	ed [for record] e Debtor's name in item 1
. TERMINATION: Effectiveness of the Financing Statemen	nt identified above is terminated w				
Statement . ASSIGNMENT (full or partial): Provide name of Assigne	e in item 7a or 7b, <u>and</u> address of	Assignee in item 7c <u>and</u> na	ame of Assignor in	item 9	
For partial assignment, complete items 7 and 9 and also in CONTINUATION: Effectiveness of the Financing States			f Secured Party a	uthorizing this Conf	tinuation Statement is
continued for the additional period provided by applicable I					
PARTY INFORMATION CHANGE:	AND Check one of these three bo	exes to:			
Check <u>one</u> of these two boxes: This Change affects Debtor <u>or</u> Secured Party of record	CHANGE name and/or a item 6a or 6b; and item 7	iddress: Complete AD	Diname: Complete or 7b, <u>and</u> item 7c	item DELETE: to be dele	name: Give record name ted in item 6a or 6b
S. CURRENT RECORD INFORMATION: Complete for Party	Information Change - provide only	one name (6a or 6b)			
6a. ORGANIZATION'S NAME	Information Change - provide only	one name (6a or 6b)		<u></u>	
6a. ORGANIZATION'S NAME	Information Change - provide only		ADDITION	AL NAME(S)/INITIA	L(S) SUFFIX
6a. ORGANIZATION'S NAME	FIRST PERSON	IAL NAMÉ			
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6b. INDIVIDUAL'S SURNAME C. CHANGED OR ADDED INFORMATION: Complete for Assigni Ta. ORGANIZATION'S NAME Tb. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS B. COLLATERAL CHANGE: Also check one of these four Indicate collateral: B. NAME OF SECURED PARTY OF RECORD AUTHOR If this is an Amendment authorized by a DEBTOR, check here [9a. ORGANIZATION'S NAME]	THE PERSON THIS AMENDMENT:	DELETE collateral Provide only one name (9a o	STATE RESTATE CO	POSTAL CODE vered collateral	SUFFIX COUNTRY ASSIGN collater
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