DLLOW INSTRUCTION	S (front and back) CAREFULLY		919000341120 1/1 \$32.00	
NAME & PHONE OF C Gina Williams (20	CONTACT AT FILER [optional]	Shelby	y Cnty Judge of Probate,	
	MENT TO: (Name and Address)	09/19/	/2016 12:06:02 PM FILED/C	ERT
	Capital Bank			
	ations Department hbridge Parkway Ste 445			
	n, AL 35209			
_				
				LICE ONLY
a. INITIAL FINANCING STA	TEMENT FILE #	I HE ABOV	E SPACE IS FOR FILING OFFICE 1b. This FINANCING STATE	
	0120307000080940		to be filed [for record] (or REAL ESTATE RECORD	
TERMINATION: E	ffectiveness of the Financing Statement identified abov	e is terminated with respect to security interest(s)	of the Secured Party authorizing this Ter	mination Statement.
	Effectiveness of the Financing Statement identified a tional period provided by applicable law.	bove with respect to security interest(s) of the S	Secured Party authorizing this Continuation	on Statement is
	or partial): Give name of assignee in item 7a or 7b an	nd address of assignee in item 7c; and also give na	ame of assignor in item 9.	
·	Y INFORMATION): This Amendment affects			
	wing three boxes <u>and</u> provide appropriate information i			
	address: Please refer to the detailed instructions he name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7: also complete items 7e-7g (if a	a or 7b, and also item 7d applicable).
CURRENT RECORD IN	IFORMATION:			
		<u></u>		
6a. ORGANIZATION'S				
VOP 2, LLC	₹	FIRST NAME	MIDDLE NAME	SUFFIX
VOP 2, LLC	₹	FIRST NAME	MIDDLE NAME	SUFFIX
OR 66 INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE NAME	SUFFIX
VOP 2, LLC	T NAME ADDED INFORMATION:	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR A	T NAME ADDED INFORMATION: NAME			
OP 2, LLC 6b. INDIVIDUAL'S LAST CHANGED (NEW) OR A 7a. ORGANIZATION'S	T NAME ADDED INFORMATION: NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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OR O	T NAME ADDED INFORMATION: NAME T NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION	FIRST NAME CITY	MIDDLE NAME	SUFFIX
OR O	T NAME ADDED INFORMATION: NAME T NAME	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	SUFFIX
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