

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)                                                   |
| Clayton T. Sweeney, Attorney                                                                     |
| B. E-MAIL CONTACT AT FILER (optional)                                                            |
| closngs@bellsouth.net                                                                            |
| C. SEND ACKNOWLEDGMENT TO (Name and Address)                                                     |
| Clayton T. Sweeney<br>Attorney At Law<br>2700 Highway 280 East Suite 160<br>Birmingham, AL 35223 |



20170104000002680 1/2 \$32.00  
Shelby Cnty Judge of Probate, AL  
01/04/2017 10:28:33 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                             |                                                                                                                                                 |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS |
| 20140710000209820 and 20150831000302270     | Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13                                                              |

|                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.                                                       |
| 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8.  |
| 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to 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                                                                                                                                                                                                                                                                                       |
| Check one of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record                                                                                                                                                                                                 |
| AND Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b; and item 7a or 7b and item 7c. <input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. |

|                                                                                                         |                               |                               |        |
|---------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|--------|
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) |                               |                               |        |
| 6a. ORGANIZATION'S NAME                                                                                 | The Village at Highland Lakes |                               |        |
| OR 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 one name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) |        |  |  |
| 7a. ORGANIZATION'S NAME                                                                                                                                                                                          |        |  |  |
| OR 7b. INDIVIDUAL'S SURNAME                                                                                                                                                                                      |        |  |  |
| INDIVIDUAL'S FIRST PERSONAL NAME                                                                                                                                                                                 |        |  |  |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)                                                                                                                                                                       | SUFFIX |  |  |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---------------------|------|-------|-------------|---------|

|                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. <input checked="" type="checkbox"/> COLLATERAL CHANGE. Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input checked="" type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral |
| Indicate collateral:                                                                                                                                                                                                                                                                       |

Partial release of UCC-1 Financing Statement Recorded as follows:

Instrument No. 20140710000209820 and 20150831000302270

Releasing therefrom the following described property: Lot 4-46, The Village at Highland Lakes, Sector Four, English Village Neighborhood, as recorded in Map Book 44, Page 131, in the Office of the Judge of Probate of Shelby County, Alabama, being more particularly described on Exhibit :A:.

|                                                                                                                                                                                                                                                                           |                     |                               |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------|--------|
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor. |                     |                               |        |
| 9a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                   | ServisFirst Bank    |                               |        |
| OR 9b. INDIVIDUAL'S SURNAME                                                                                                                                                                                                                                               | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

|                                    |
|------------------------------------|
| 10. OPTIONAL FILER REFERENCE DATA: |
| Village at Highland Lakes Lot 4-46 |

International Association of Commercial Administrators (IACA)

CLAYTON T. SWEENEY, ATTORNEY AT LAW

**EXHIBIT A**  
**LEGAL DESCRIPTION**

Lot 4-46, according to the Map and Survey of Village at Highland Lakes, Sector Four – English Village Neighborhood, as recorded in Map Book 44, Page 131, in the Office of the Judge of Probate of Shelby County, Alabama.

Together with nonexclusive easement to use the private roadways, common areas all as more particularly described in the Easements and Master Protective Covenants for The Village at Highland Lakes, a Residential Subdivision, recorded as Instrument No. 20060421000186650 in the Probate Office of Shelby County, Alabama, and the Declaration of Covenants, Conditions and Restrictions for The Village at Highland Lakes, a Residential Subdivision, Sector Four, recorded as Instrument No. 20150430000142220, Supplemental Declaration to the Declaration of Covenants, Conditions and Restrictions for the Village at Highland Lakes, a Residential Subdivision, Sector 4, as recorded in Instrument 20151230000442820 in the Probate Office of Shelby County, Alabama (which, together with all amendments thereto, is hereinafter collectively referred to as the "Declaration").

Said partial termination being executed by a duly authorized officer of ServisFirst Bank this the 21 day of December, 2016.

ServisFirst Bank  
an Alabama banking corporation

By: [Signature]  
Its: Morgan Morris  
VP

  
20170104000002680 2/2 \$32 00  
Shelby Cnty Judge of Probate, AL  
01/04/2017 10:28:33 AM FILED/CERT