	NIT	0000034690 1/1 \$.00	e AL
UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS (front and back) CAREFULLY	IN 1	20170130000034690 1/1 \$ 00 20170130000034690 of Probat Shelby Cnty Judge of AM FILE 01/30/2017 09:35.01 AM FILE	D) CEV.
A. NAME & PHONE OF CONTACT AT FILER (optional) Dawn Holcomb (256)741-1800		01/30/20	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	<u> </u>		
NobleBank & Trust.			
P. O. Box 998			
Anniston, AL 36202			
	THE A	ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
1a INITIAL FINANCING STATEMENT FILE # 20151002000346170 10/02/2015		1b. This FINANCING STATES to be filed [for record] (or REAL ESTATE RECORD	recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security inter		
3. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	bove with respect to security interest(s) of	t the Secured Party authorizing this Continuation	on Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b ar	nd address of assignee in item 7c; and also	give name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	—	Check only one of these two boxes	
Also check one of the following three boxes and provide appropriate information CHANGE name and/or address. Give current record name in item 6a or 6b:	also give new		
name (finame change) in item 7a or 7b and/or new address (it address chan 6 CURRENT RECORD INFORMATION	ge) in item 7c to be deleted in item	6a or 6b item 7c, also complete ite	ems /d-/g (if applicable)
6a. ORGANIZATION'S NAME	<u></u>	- 	
MORTGAGEBANC HOLDINGS LLC	TELECTALAR	MIDDLE NAME	TELECTIV
66. INDIVIDUAL'S LAST NAME CHENAULT	BEN	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	DEN	L	
7a. ORGANIZATION'S NAME	 -	· · · · · · · · · · · · · · · · · · ·	
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
70. INDIVIDUAL S CAST NAME	FIRST NAME	MIDDLE IVAIVIC	301112
7c MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	71. JURISDICTION OF ORGANIZATI	ON 7g. ORGANIZATIONAL ID #. if	any
DEBTOR			NON
8. AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral deleted or added, or give entire restated colla 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT (name of assignor, if this is	an Assignment) If this is an Amendment autho	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize [9a. ORGANIZATION'S NAME]	_		
NOBLEBANK & TRUST, NA			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA		<u> </u>	
10. Or nother permer energy same			