20170417000128760 04/17/2017 09:28:48 AM UCC6 1/2

_	C FINANCING STATEMENT AMENDM LOWINSTRUCTIONS	ENT					
•	NAME & PHONE OF CONTACT AT FILER (optional) Brenda J. Goerks, Esq. (305) 374-5	600					
Z	E-MAIL CONTACT AT FILER (optional)						
<u></u>	brenda.goerks@akerman.com						
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)						
	Brenda J. Goerks, Esq. Akerman LLP 98 SE 7th Street, Suite 1100 Orlando, FL 32801 Miami, Florida 33131 First American Title National Commerce 420 S. Orange Ave Orlando, FL 32801 NCS File No. 93	cial Servic	0 4U	OVE SPA	CE IS FOR FILING OFFIC	CE USE O	VLY
1a.	NITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCIN	G STATE	MENT AMENDMENT is to be	filed [for re	cord]
20	0101217000424830 Filed: 12/	17/2010	(or recorded) in	I THE KEAL	ESTATE RECORDS lendum (Form UCC3Ad) <u>and</u> pro		
2.	TERMINATION: Effectiveness of the Financing Statement identified Statement	d above is t			· · · · · · · · · · · · · · · · · · ·		
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affe			<u>nd</u> name o	f Assignor in item 9		
4.	CONTINUATION: Effectiveness of the Financing Statement identity continued for the additional period provided by applicable law	fied above v	ith respect to the security interest	t(s) of Sec	ared Party authorizing this C	ontinuation	Statement is
5.	PARTY INFORMATION CHANGE:						
C	neck one of these two boxes.		ese three boxes to:	∆DD nam	e: Complete item — DELET	ſE name: G	ve record name
T	nis Change affects Debtor <u>or</u> Secured Party of record	item 6a or 6	me and/or address: Complete b; <u>and</u> item 7a or 7b <u>and</u> item 7c	7a or 7b,	e: Complete itemDELET and item 7cto be c	leleted in iter	n 6a or 6b
	URRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	n Change - p	rovide only <u>one</u> name (6a or 6b)				
OR	6b. INDIVIDUAL'S SURNAME	FIRS	ST PERSONAL NAME	<u></u>	ADDITIONAL NAME(S)/INIT	IAL(S)	SUFFIX
	OB. INDIVIDOREO CONTINE					_(-,	
7 (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Cha	nge - provide only one name (7a or 7h) (use	exact full na	me: do not omit, modify, or abbreviat	e any part of th	e Debtor's name)
	7a, ORGANIZATION'S NAME		mgo provide only gazz norma (var ev var) (var				
OR	7b. INDIVIDUAL'S SURNAME	•					
	INDIVIDUAL'S FIRST PERSONAL NAME						· • • • • • • • • • • • • • • • • • • •
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<u></u>				SUFFIX
7c	MAILING ADDRESS	CIT	<u> </u>		STATE POSTAL CODE	• , <u>u ··</u>	COUNTRY
٦٥	COLLATERAL CHANGE: Also check one of these four boxes:	ADD colla	teral DELETE collateral		ESTATE covered collateral	ΡΔς	SIGN collateral
O. <u>L</u>			iteral DELETE Conateral	· · ·	LOTATE COVERED COMMERCIA	۰،۰۰۰ لیت	0,0,1 00,14,0,14,
	Indicate collateral:						
	IAME OF SECURED PARTY OF RECORD AUTHORIZING THE this is an Amendment authorized by a DEBTOR, check here and pr		DMENT: Provide only <u>one</u> name (9 of authorizing Debtor	9a or 9b) (r	ame of Assignor, if this is an	Assignment)
	9a. ORGANIZATION'S NAME Wells Fargo Capital Finance, LLC, as Agent	•					
OR		FIR	ST PERSONAL NAME		ADDITIONAL NAME(S)/INIT	iAL(S)	SUFFIX
	····				<u> </u>	, 	<u> </u>

10. OPTIONAL FILER REFERENCE DATA:

To be filed in Shelby County, Alabama - Community Education Centers, Inc./ Wells Fargo Capital Finance, LLC

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CC FINANCING STATEMENT A					
INITIAL FINANCING STATEMENT FILE NUMB 0101217000424830	ER: Same as item 1a on Am	nendment form		•	
NAME OF PARTY AUTHORIZING THIS AMENI	DMENT: Same as item 9 on	n Amendment form			
12a. ORGANIZATION'S NAME Wells Fargo Capital Finance, LLC	C, as Agent				
12b. INDIVIDUAL'S SURNAME	. <u></u>	 			
FIRST PERSONAL NAME			•		
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
Name of DEBTOR on related financing statements one Debtor name (13a or 13b) (use exact, full name; of					13): Provide on
13a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		<u></u>
Community Education Centers, I		FIRST PERSONAL NAME	<u>. </u>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
A H. M.	Filed and Recorded Official Public Reco Judge James W. Fu County Clerk Shelby County, AL 04/17/2017 09:28:48 \$32.00 CHERRY 20170417000128760	l ords hrmeister, Probate Judge B AM	The same of the sa		
	Official Public Reco Judge James W. Fu County Clerk Shelby County, AL 04/17/2017 09:28:48 \$32.00 CHERRY	l ords hrmeister, Probate Judge B AM			