CC FINANCING STATEMENT AMENIOLLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)	DMENT			
Leslie McGhee 205-558-4600		Shelby Cr	000353220 1/1 \$.00 hty Judge of Probate,	
. E-MAIL CONTACT AT FILER (optional)		09/28/201	7 10:30:25 AM FILED/C	ERT
SEND ACKNOWLEDGMENT TO: (Name and Address)				
Alamerica Bank 2170 Highland Ave S , Ste. 150				
Birmingham, AL 35205	_			
		THE ABOVE SDAC	E IS FOR FILING OFFICE U	SE ONLY
INITIAL FINANCING STATEMENT FILE NUMBER	1	b. This FINANCING STATEM (or recorded) in the REAL	ENT AMENDMENT is to be filed ESTATE RECORDS	[for record]
TERMINATION: Effectiveness of the Financing Statement id	lentified above is terminated w		endum (Form UCC3Ad) <u>and provide D</u> t(s) of Secured Party authorizing	
Statement				
ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also indicate.	item 7a or 7b, <u>and</u> address of ate affected collateral in item 8	Assignee in item 7c <u>and</u> name of	Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law	identified above with respect t	to the security interest(s) of Secu	red Party authorizing this Continu	uation Statement is
PARTY INFORMATION CHANGE:		•		
Check one of these two boxes:	<u>√D</u> Check <u>one</u> of these three bo: CHANGE name and/or <u>ac</u>	idress: CompleteADD name		ne: Give record nan
This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Infor	item 6a or 6b; and item 7a mation Change - provide only o		and item 7cto be deleted	I in item 6a or 6b
6a. ORGANIZATION'S NAME	industrial grant g			
Aquinas Management, LLC 6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NIARAC	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
OD. INDIVIDUAL S SORNAME	7 MOTT EROOM	SE IVANE		,
CHANGED OR ADDED INFORMATION: Complete for Assignment of Tal. ORGANIZATION'S NAME	or Party Information Change - provide or	nly <u>one</u> name (7a or 7b) (use exact, full nam	ne; do not omit, modify, or abbreviate any p	art of the Debtor's name)
7b. INDIVIDUAL'S SURNAME		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
INDIVIDUAL'S FIRST PERSONAL NAME				,
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
			STATE POSTAL CODE	COUNTRY
MAILING ADDRESS 097B Helena Road, Suite 103	Helena		AL 35080	USA