JCC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] LAQUITA YOUNG-WILLIAMS B. SEND ACKNOWLEDGMENT TO: (Name and Address)		20171117000416560 1/1 \$.00 Shelby Cnty Judge of Probate, AL			
SPIRE, ALABAMA INC. FORMERLY ALABAMA GAS CORPORATION 2101 6TH AVE NORTH BIRMINGHAM, AL. 35203	<b>\</b>	11/17/2017 11:04	:23 AM F	ILED/CERT	
		THE ABOVE SP	ACE IS FO	OR FILING OFFICE US	SE ONLY
a. INITIAL FINANCING STATEMENT FILE # 20170814000292850			to to	s FINANCING STATEME be filed [for record] (or rec AL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with r	espect to security interest(s) of the			nation Statement.
CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to	security interest(s) of the Secured	t Party auth	orizing this Continuation	Statement is
ASSIGNMENT (full or partial) Give name of assignee in item 7a or 7b and	address of assigne	e in item 7c; and also give name of	assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De	ebtor <u>or</u> Secu	red Party of record. Check only o	ne of these	two boxes	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; also		1 DELETE name: Give record nam	e 🗀 Al	DD name: Complete item	7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change).  CURRENT RECORD INFORMATION:	e) in item 7c.	to be deleted in item 6a or 6b.	ite	em 7c; also complete item	s 7d-7g (if applicable
6a ORGANIZATION'S NAME					
OR CO INDIVIDUAL CLAST NAME	<del></del>		- Indiana -		
66 INDIVIDUAL'S LAST NAME  CHAPMAN	WILBUR		MIDDLE	NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:	WILDUK		<u></u>		
7a ORGANIZATION'S NAME					
OR	TEIDOT NAME		MIDDLE NAME SUFFIX		· · · · · · · · · · · · · · · · · · ·
7b INDIVIDUAL'S LAST NAME	FIRST NAME	IF IKS   NAIVIE		NAME	SUFFIX
c MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1133 KING ARTHUR CT	ALABASTER		AL	35007	US
ADD'L INFO RE   7e TYPE OF ORGANIZATION   ORGANIZATION	7f JURISDICTION OF ORGANIZATION		7g. ORG	ANIZATIONAL ID #, if an	
DEBTOR					NON
\ AMENDMENT (COLLATERAL CHANGE); check only one hoy	rat description, or	describe collateral assigned.			
3. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collate.					
B. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collate.					
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Describe collateral deleted or added, or give entire restated collate	FNΩMENT (nom	e of accidons of this is an Accidoma	at) If this is	an Amondment authorize	ad by a Cabtar which
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Describe collateral deleted or added, or give entire restated collate restated collate.  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor. or if this is a Termination authorized a ORGANIZATION'S NAME.	d by a Debtor, check	k here and enter name of DEB			ed by a Debtor which
Describe collateral deleted or added, or give entire restated collate restated collate.  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized.	d by a Debtor, check	k here and enter name of DEB		prizing this Amendment.	ed by a Debtor which