UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	IT			•		
A. NAME & PHONE OF CONTACT AT FILER (optional)						
B. E-MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
Gary Edwards				425920		
Oxford Way# 394		Sh	171128000 elby Cnty /28/2017	Judge (of Probate: AL 7 AM FILED/CERT	
Pelham, Alabama [35124]						ALU V
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20151027000374470	1	b. This FINAN	NCING STATE ed) in the REA	MENT AME L ESTATE F		r record]
2. TERMINATION: Effectiveness of the Financing Statement identified abo	ve is terminated wi				m UCC3Ad) <u>and</u> provide Debi cured Party authorizing this	
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected.			7с <u>and</u> пате	of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	bove with respect t	to the security into	erest(s) of Se	cured Party	authorizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:						
Check one of these two boxes.	<u>ie</u> of these three box NGE name and/or ac 6a or 6b; <u>and</u> item 7a	dress: Complete		me: Complet , <u>and</u> item 7d		Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Char 6a. ORGANIZATION'S NAME						
OR 66. INDIVIDUAL'S SURNAME ED WARDS	FIRST PERSONA	NAME \	/	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information. ORGANIZATION'S NAME 	ation Change - provide or	nly <u>one</u> name (7a or 7b) (use exact, full n	ame; do not on	nit, modify, or abbreviate any part	of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME	- -					
INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>				· · · · · · · · · · · · · · · · · · ·	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
7c. MAKING ADDRESS 7c. MAKING ADDRESS 7c. MAKING ADDRESS	CITY	BA57	ER	STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: AD	D collateral	DELETE collate	eral	100	-	ASSIGN collateral
Indicate collateral:						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENIDMENT: D-		(On on Oh) (
	name of authorizing		(aa or ab) (Haille Of ASS	agnor, a this is an Assignma	<u></u>
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	NAME		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
Eswards	Gar			7	THE PRINCIPLE (S)	agost .
10. OPTIONAL FILER REFERENCE DATA:	/	-		· 🖟 · · · ·		