

DIDAMENTA NA AT 16101	RATION	20180810000287460 1/1 Shelby Chty Judge of P 08/10/2018 03:47:03 PM	\$.00
BIRMINGHAM, AL 35203		08/10/2018 03:47:03 PM	FILED/CERT
		IE ABOVE SPACE IS FOR FILING (OFFICE USE ONLY
INTIAL FINANCING STATEMENT FILE #			G STATEMENT AMENDMENT (ecord] (or recorded) in the RECORDS.
TERMINATION: Effectiveness of the Financing Statement identified at	oove is terminated with respect to security		
CONTINUATION: Effectiveness of the Financing Statement identifier continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assigned in item 7c; and a	also give name of assignor in item 9.	<u></u>
		rd. Check only one of these two boxes.	<u> </u>
MENDMENT (PARTY INFORMATION): This Amendment affects		d. Officer dray one of the services.	
so check <u>one</u> of the following three boxes <u>and</u> provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes are considered in the following three boxes.	b; also give new DELETE name:	• • • • • • • • • • • • • • • • • • •	omplete item 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address cr	nange) in item 7cto be deleted in i	item 6a or 6b. item 7c, also co	omplete items 7d-7g (if applicat
URRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
	FIRST NAME	MIDDLE NAME	SUFFIX
6b INDIVIDUAL'S LAST NAME	1	ŀ	
REYNOLDS	JOSHUA	H	<u> </u>
HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
	<u> </u>		SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SOFFIX
			COUNTRY
IAILING ADDRESS	CITY	STATE POSTAL C	
BEACH CIR	BIRMINGHAM	AL 35242	US
ADD'L INFO RE 7e. TYPE OF ORGANIZATIO ORGANIZATION	N 71. JURISDICTION OF ORGANIZ	ZATION 7g. ORGANIZATIONA	ALID#.if any
DEBTOR			
MENDMENT (COLLATERAL CHANGE); check only one box.		a.	
escribe collateral deleted or added, or give entire restated co	oflateral description, or describe collatera	alass.gned.	
			and authorized by a Debter whi
AME OF SECURED PARTY OF RECORD AUTHORIZING THIS	S AMENDMENT (name of assignor, if the orized by a Debtor, check here and or	nis is an Assignment). If this is an Amendmenter name of DEBTOR authorizing this Ar	nent authorized by a Debtor whi mendment.
IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS dds collateral or adds the authorizing Debtor, or if this is a Termination author 9a ORGANIZATION'S NAME	S AMENDMENT (name of assignor, if the orized by a Debtor, check here and or	nis is an Assignment). If this is an Amendm nter name of DEBTOR authorizing this Ar	nent authorized by a Debtor whi mendment.
dds collateral or adds the authorizing Debtor, or if this is a Termination authorizing	orized by a Debtor, check here and or	nter name of DEBTOR authorizing this Ar	mendment.
dds collateral or adds the authorizing Debtor, or if this is a Termination authorized ORGANIZATION'S NAME	orized by a Debtor, check here and or	nis is an Assignment). If this is an Amendm nter name of DEBTOR authorizing this Ar MIDDLE NAME	ment authorized by a Debtor whi mendment.