| UCC FINANCING STATEMENT AMEN FOLLOWINSTRUCTIONS | DMENT | | | | |
|---|--|---|---|---|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) HEATHER SEWELL 205-668-0711 | | | | | |
| B. E-MAIL CONTACT AT FILER (optional) | | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | | |
| CENTRAL STATE BANK | | C1 | - the Coty Juc | 40 1/1 \$32.00 lge of Probate, 5:16 AM FILED/ | r 1) |
| PO BOX 180 CALERA, AL 35040 | | 1 | 1/13/2018 10:4 | (5: 10 Bit 1 | |
| | | | VE ODAGE 10 E0 | D EU INO OFFICE I | |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER | 2600 | 1b. This FINANCING | | R FILING OFFICE UNDMENT is to be filed | |
| 20081222000472350 & 2013120900047 2. TERMINATION: Effectiveness of the Financing Statement is Statement | • | Filer: attach Amen | dment Addendum (For | m UCC3Ad) <u>and</u> provide | |
| 3. ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also indicate | | | d name of Assignor | in item 9 | |
| 4. CONTINUATION: Effectiveness of the Financing Statemen continued for the additional period provided by applicable law | nt identified above with respon | | s) of Secured Party | authorizing this Conti | nuation Statement is |
| 5. PARTY INFORMATION CHANGE: | | <u> </u> | | · | |
| Check <u>one</u> of these two boxes: This Change affects Debtor <u>or</u> Secured Party of record | ND Check <u>one</u> of these three CHANGE name and/o | or address: Complete | ADD name: Comple 7a or 7b, <u>and</u> item 7 | te item DELETE no c to be delete | ame: Give record name ed in item 6a or 6b |
| 6. CURRENT RECORD INFORMATION: Complete for Party Info 6a. ORGANIZATION'S NAME | ormation Change - provide on | ly <u>one</u> name (6a or 6b) | | | |
| OR 6b. INDIVIDUAL'S SURNAME | FIRST PERS | ONAL NAME | ADDITIO | NAL NAME(S)/INITIAL | (S) SUFFIX |
| HIGGINBOTHAM | BURN | IE | A | | JR |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME | or Party Information Change - provi | de only <u>one</u> name (7a or 7b) (use e | exact, full name; do not o | nit, modify, or abbreviate any | part of the Debtor's name) |
| OR 7b. INDIVIDUAL'S SURNAME | | | <u> </u> | <u></u> | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | · · · | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | SUFFIX |
| 7c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| PO BOX 1807 | PELH | AM | AL | 35124 | F=+-4 |
| 8. COLLATERAL CHANGE: Also check one of these four boxe Indicate collateral: | es: ADD collateral | DELETE collateral | RESTATE o | overed collateral | ASSIGN collatera |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | . | a or 9b) (name of As | signor if this is an Assi | ianment) |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZ If this is an Amendment authorized by a DEBTOR, check here | | • | , | | igi ii ii ei it.) |
| If this is an Amendment authorized by a DEBTOR, check here 9a. ORGANIZATION'S NAME | | • | | | |
| If this is an Amendment authorized by a DEBTOR, check here | | izing Debtor | | NAL NAME(S)/INITIAL | |