| A NAVE & PHONE OF CONTACT AT FLER (optional) Cristy bohannon@ox8 (com G SERD AGMONG EDGMENT TC. (Name and Address) Bank OZK PO Box 280 Carrollon GA 30112 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 15 NIT ALL THANKING STATEMENT FILE NAMER TO FOR THANKING STATEMENT FILE NAMER 20 15 10 28000375530 THE RANCING STATEMENT FILE NAMER 10 27 72 10 10 29 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ICC FINANCING STATEMENT AMENE | MENT | | | | |
|--|---|----------------------------|--|--|---------------------------------------|---------------------------------|
| A MANUE OF PROTECTION FILER (cotional) 9 E-WAL CONTACT AT FILER (cotional) Crisity biolamon 678-439-4476 9 E-WAL CONTACT AT FILER (cotional) Crisity biolamon 678-439-4476 9 E-WAL CONTACT AT FILER (cotional) Crisity biolamon 678-439-4476 Bank OZK PO Box 280 Carrolllon GA 30112 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 15 ONLY FIRE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 15 ONLY FIRE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 16 In MITIGUE PRIMARY OF STATEMENT FILE NUMBER 20 15 10 2800 0375530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 16 In MITIGUE PRIMARY OF STATEMENT FILE NUMBER 20 15 10 2800 0375530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 16 In MITIGUE PRIMARY OF STATEMENT FILE NUMBER 20 15 10 2800 0375530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 17 In FIRMARY ONLY STATEMENT AMERICAN STATEMENT A | | | | | | |
| 8 E-MAIL CONT-AGT AT FILER (reptonal) CYSISY DONARDON@ CORNOW ECOMENT TO: (Name and Address) Bank OZK PO Box 280 Carrolllon GA 30112 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INTIAL PRANCING STATEMENT FILE NUMBER 20151028000375530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INTIAL PRANCING STATEMENT FILE NUMBER 20151028000375530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. INTIAL PRANCING STATEMENT FILE NUMBER 20151028000375530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. INTIAL PRANCING STATEMENT FILE NUMBER 20151028000375530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. INTIAL PRANCING STATEMENT FILE NUMBER 20151028000375530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. INTIAL PRANCING STATEMENT FILE NUMBER 20151028000375530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. INTIAL PRANCING STATEMENT FILE NUMBER 20151028000375530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. INTIAL PRANCING STATEMENT FILE NUMBER 20151028000375530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. INTIAL PRANCING STATEMENT FILE NUMBER 201510280003755530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. INTIAL PRANCING STATEMENT FILE NUMBER 201510280003755530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. INTIAL PRANCING STATEMENT FILE NUMBER 201510280003755530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. INTIAL PRANCING STATEMENT FILE NUMBER 20151030003755530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. INTIAL PRANCING STATEMENT FILE NUMBER 20151030003755530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. INTIAL PRANCING STATEMENT FILE NUMBER 2015103000375530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. INTIAL PRANCING STATEMENT FILE NUMBER 2015103000375530 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. INTIAL PRANCING STATEMENT FILE NUMBER 2015103000375530 THE ABOVE SPACE IS FOR FILING OFFICE ONLY 1c. INTIAL PRANCING STATEMENT FILE NUMBER 20151030003755000037500000000000000000000 | A. NAME & PHONE OF CONTACT AT FILER (optional) | | | | | |
| Cristy, Dohannon@czk.com Send ACKNOWLEGMENT TO. (Name and Address) Bank OZK PO Box 280 Carrollton GA 30112 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE | · · · · · · · · · · · · · · · · · · · | <u>,</u> | | 112/21110000 11 (11 mm) | | |
| Bank OZK PO Box 280 Carrollion GA 30112 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY OFFICE USE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY OFFICE USE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY OFFICE USE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY OFFICE USE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY OFFICE USE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY OFFICE USE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY OFFI OFFI USE OFF | | | | | | |
| Bank OZK PO Box 280 Carrollion GA 30112 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY OFFICE USE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY OFFICE USE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY OFFICE USE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY OFFI OFFI OFFI OFFI ONLY OFFI OFFI OFFI ONLY OFFI OFFI OFFI ONLY OFFI ONLY OFFI OFFI ONLY OFFI OFFI ONLY OFFI ONLY OFFI OFFI ONLY OF | C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | 201902200000 | 4650 1/1 \$.00 | 88 E 0 0 8 2 8 |
| PO Box 280 Carrollion GA 30112 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE | Rank OZK | | | SUBTON CUTA | Udge of Droba | h_ |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. INITIAL FINANCING STATEMENT FILE NUMBER 20151028000375530 10. In FINANCING STATEMENT FILE NUMBER 20151028000375530 10. In FINANCING STATEMENT FILE NUMBER 20151028000375530 10. In FINANCING STATEMENT AND ADDITIONAL THE STATE RECORDS Fire: ### ### ### ### ### ### ### ### ### # | | | | | | |
| In Internation Content of the Cont | | | | | | |
| Is.NITIAL FINANCING STATEMENT FILE NUMBER 2015 1028000375530 Ib. | <u></u> | | | | | |
| TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security information (Form UCCSAd) gas provide Debtor a raine in name of Assignment (Samphan). Provide name of Assignment in term 7a or 7b, and address of Assignment in term 7a or 7b, and address of Assignment in term 7a or 7b, and address of Assignment in term 7a or 7b, and address of Assignment in term 7a or 7b, and address of Assignment in term 7a or 7b, and address of Assignment in term 7a or 7b and name of Assignment in term 9 For partial assignment, compiled term 7 and 3d assignment in term 7a or 7b, and address of Assignment in term 7a or 7b, and address of Assignment in term 7a or 7b and name of Assignment in term 9 FORTY INFORMATION CHANGE Check agg of three tree boxes to: Change of three tree boxes. CHANGE are and and address of Assignment in term 7a or 7b and name of Assignment in term 7a or 7b | A INITIAL ENNANCING STATEMENT OF ENUMBER | | | | | |
| EMIRATION. Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this "Emmination Statement." ASSIGNMENT (full or partial). Provide name of Assignee in item 7a or 7b, agid address of Assignee in item 7a and name of Assignor in item 9 For partial assignment, complete liters 7 and 9 and also indicate affected collateral in item 8. CONTINUATOR: Effectiveness of this Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing the Continuation Statement Continuation Statement and Party information of the additional benedic by applicable law. AND Check gag of these three boxes to Chance and of these two boxes. AND Check gag of these three boxes to Chance anne andor address complete. Check gag of these two boxes. AND Check gag of these three boxes to Chance anne andor address. Check gag of these two boxes. AND Check gag of these three boxes to Chance anne andor address. Check gag of these two boxes. AND Check gag of these three boxes to Chance anne andor address. Check gag of these two boxes. AND Check gag of these three boxes to Chance anne andor address. Check gag of these two boxes. AND Check gag of these three boxes to Chance anne andor address. AND Check gag of these two boxes. AND Check gag of these three boxes to Chance anne andor address. Check gag of these two boxes. AND Check gag of these three boxes to Chance anne andor address. AND Check gag of these two boxes. AND Check gag of these two boxes. AND Check gag of these for party information change provide only gag name (8s or 6b) and garden for the party garden for the party garden for the party garden for 6b and garden f | | | | | | |
| ASSIGNMENT (full or partial) Provide name of Assignee in tem 7a or 7a, and address of Assignee in tem 7a and name of Assignor in item 9 6'0 partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 1. CONTINUATION: Effectiveness of the Financial statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement continued for the additional opened provided by applicable law 1. PARTY INFORMATION CHANGE AND Check pag of these three boxes in Change of these three boxes in Change of these three boxes. 2. CHANGS name analog address complete 2. CHANGS name and or address for the page of these three boxes in Change of these three boxes in the first of the page of these three boxes in Change of these three boxes in the first of the page of these three boxes in the first of the page of these three boxes in the first of the page of these three boxes in the first of the page of the | | ntified above is termin | | , i | | |
| CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement continued for the additional pends provided by applicable law. PARTY INFORMATION CHANGE | | tem 7a or 7b, and add | ress of Assignee in item 7c ; | and name of Assignor | in item 9 | |
| Continued for the additional pariod provided by applicable law | r | | | t/a) of Conuced Barts | suthesising this Con | tinuation Statement I |
| Check one of these two boxes. This Change affects | | dentined above with i | espect to the security interes | si(s) of Secured Party | authorizing this Con | tinuation Statement i |
| CHANGE ARM and contains a provide in the control of | . PARTY INFORMATION CHANGE: | | · | | · · · · · · · · · · · · · · · · · · · | |
| CONTRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (8a or 6b) | Check one of these two boxes. | | | ADD name: Comple | ete itemDELETE : | name: Give record na |
| Source only one name (9a or 9b) (name of Assignment) OR ANDITIONAL NAME (S)INITIAL(S) SUFFIX TO CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, mostly, or abbrevate any part | | " " | | 7a or 7b, <u>and</u> Item 7 | to be dele | eted in item 6a or 6b |
| 6. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only goe name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name or not omit, modify, or abbreviate any part of the Debtor's name or not omit, modify, or abbreviate any part of the Debtor's name or not omit, modify, or abbreviate any part of the Debtor's name or not omit, modify, or abbreviate any part of the Debtor's name or not omit, modify, or abbreviate any part of the Debtor's name or not omit, modify, or abbreviate any part of the Debtor's name or not of the Debtor's name of not only goe name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name or not only goe name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name of not only goe name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name of not only goe name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name of not only goe name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name of not only goe name (7a or 7b) (use exact, full name, do not ont, modify, or abbreviate any part of the Debtor's name of not only goe name (7a or 7b) (use exact, full name, do not ont, modify, or abbreviate any part of the Debtor's name of not only goe name (7a or 7b) (use exact, full name, do not ont, modify, or abbreviate any part of the Debtor's name of not only goe name (7a or 7b) (use exact, full name, do not ont, modify, or abbreviate any part of the Debtor's name of not only goe name (7a or 7b) (use exact, full name, do not ont, modify, or abbreviate any part of the Debtor's name of not only goe name (7a or 7b) (use exact, full name, do not ont, modify goe name (7a or 7b) (use exact, full name, do not ont, modify goe nam | | nation Change - provid | e only <u>one</u> name (6a or 6b) | | | |
| P. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party information Change - provide only one name (7a or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7a or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7a or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7a or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7a or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7a or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7b or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7b or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7b or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7b or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7b or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7b or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7b or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7b or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7b or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7b or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7b or 7b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name (7b or 7b) (use exact, full name, do not onlit | WAYPOINT STONECREST OWNER | R, LLC | | | | |
| 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY COLLATERAL CHANGE: Also check and of these four boxes: ADD collateral Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only and name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 6b. INDIVIDUAL'S SURNAME | FIRST P | ERSONAL NAME | ADDITIO | NAL NAME(S)/INITIA | L(S) SUFFIX |
| The Individual's surname INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) To MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY DELETE collateral PRESTATE covered collateral ASSIGN collateral ON NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only going name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | CHANGED OR ADDED INFORMATION: Complete for Assumptions | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME (S)/INITIAL(S) INDIVIDUAL'S ADDITIONAL NAME (S)/INITIAL(S) INDIVIDUAL'S ADDITIONAL NAME (S)/INITIAL(S) SUFFIX C. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: P. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | . CHANGED OR ADDED INFORMATION. Complete for Assignment of | Party Information Change - | provide only one name (7a or 7b) (us | e exact, full name; do not o | mit, modify, or abbreviate ai | ny part of the Debtor's name |
| INDIVIDUAL'S ADDITIONAL NAME (S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 3. COLLATERAL CHANGE: Also check goe of these four boxes: ADD collateral Indicate collateral: 3. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only goe name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | | Party Information Change - | provide only <u>one</u> name (7a or 7b) (us | e exact, full name; do not o | mit, modify, or abbreviate at | ny part of the Debtor's name |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral: DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENOMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 7a. ORGANIZATION'S NAME | Party Information Change - | provide only <u>one</u> name (7a or 7b) (us | e exact, full name; do not o | mit, modify, or abbreviate a | ny part of the Debtor's name |
| COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 7a. ORGANIZATION'S NAME | Party Information Change - | provide only <u>one</u> name (7a or 7b) (us | e exact, full name; do not o | mit, modify, or abbreviate a | ny part of the Debtor's name |
| COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME | Party Information Change - | provide only <u>one</u> name (7a or 7b) (us | e exact, full name; do not o | mit, modify, or abbreviate a | ny part of the Debtor's name |
| O. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: O. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENOMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME | Party Information Change - | provide only <u>one</u> name (7a or 7b) (us | e exact, full name; do not o | mit, modify, or abbreviate a | ny part of the Debtor's name |
| B. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: B. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME | Party Information Change - | provide only <u>one</u> name (7a or 7b) (us | e exact, full name; do not o | mit, modify, or abbreviate a | |
| NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | provide only <u>one</u> name (7a or 7b) (us | | | SUFFIX |
| NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | provide only <u>one</u> name (7a or 7b) (us | | | SUFFIX |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor [9a. ORGANIZATION'S NAME] Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | SUFFIX |
| If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | SUFFIX |
| If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 78. ORGANIZATION'S NAME 76. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 1. COLLATERAL CHANGE: Also check one of these four boxes: | CITY | | STATE | POSTAL CODE | SUFFIX |
| If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: | CITY | | STATE | POSTAL CODE | SUFFIX |
| If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 3. COLLATERAL CHANGE: Also check one of these four boxes: | CITY | | STATE | POSTAL CODE | SUFFIX |
| If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: | CITY | | STATE | POSTAL CODE | SUFFIX |
| If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 3. COLLATERAL CHANGE: Also check one of these four boxes: | CITY | | STATE | POSTAL CODE | SUFFIX |
| 9a ORGANIZATION'S NAME Bank OZK f/k/a Bank of the Ozarks successor to Community & Southern Bank | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: | CITY | | STATE | POSTAL CODE | SUFFIX |
| 10 L | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: | CITY ADD collateral | DELETE collateral | STATE | POSTAL CODE | SUFFIX COUNTRY ASSIGN collate |
| 96. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 1. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 1. NAME OF SECURED PARTY OF RECORD AUTHORIZIN If this is an Amendment authorized by a DEBTOR, check herea | CITY ADD collateral | DELETE collateral | STATE | POSTAL CODE | SUFFIX COUNTRY ASSIGN collate |
| | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN If this is an Amendment authorized by a DEBTOR, check here are organized as a DEBTOR. | G THIS AMENOME | DELETE collateral NT: Provide only <u>one</u> name inthonizing Debtor | STATE RESTATE ((9a or 9b) (name of As | POSTAL CODE | SUFFIX COUNTRY ASSIGN coilate |