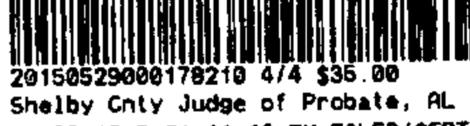
CC FINANCING STATEMENT AMENI OLLOW INSTRUCTIONS	DMEN	T					
. NAME & PHONE OF CONTACT AT FILER (optional) PREPARED BY SHERRELL MAYFIELD	620-3637	7					
. E-MAIL CONTACT AT FILER (optional) sherrell.mayfield@bxs.com							
. SEND ACKNOWLEDGMENT TO: (Name and Address)	<del>1 '</del>			N E (0 1 ) :	<b>21 (0.1</b> 12 <b>2</b> a) a	IN PRACE A COUNTY OF THE	
BANCORPSOUTH BANK							
P O BOX 4360		•	<b>'</b>	oue ID	y Chito	63500 1/2 \$.00 Judge of Probate,	1)) <b>1 1</b> ))
TUPELO, MS 38803-4360				02/28	/2019 1	1:22:52 AM FILED/(	AL ERT
			THE AR			R FILING OFFICE USE	
. INITIAL FINANCING STATEMENT FILE NUMBER 0150529000178210 SHELBY CO, AL	5/29/20	015	(or recorded)	in the REAL	. ESTATE	ENDMENT is to be filed [for RECORDS rm UCC3Ad) <u>and</u> provide Debt	•
▼ TERMINATION: Effectiveness of the Financing Statement id Statement	fentified abov	ve is terminated				<del> </del>	
ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also indicates.				<u>алd</u> name (	of Assigno	r in item 9	
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law		ove with respe	ct to the security intere	st(s) of Sec	ured Party	authorizing this Continuati	ion Statement is
PARTY INFORMATION CHANGE:							
Check bile of these two boxes.	CHAN	e of these three IGE name and/o	r address: Complete ,	—, ADD nar	ne: Comple	ete itemDELETE name:	Give record name
This Change affects Debtor of Secured Party of record  CURRENT RECORD INFORMATION: Complete for Party Infor			n 7a or 7b <u>and</u> item 7c y <u>one</u> name (6a or 6b)	7a or 7b	and item 7	c to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAME  INITIAL A COMMENTAL A COMMENTAL ASSOCIATION OF A TRANSPORT OF A TRANSPO	rre II		·				
INVERNESS DENTAL ASSOCIAT 6b. INDIVIDUAL'S SURNAME	LES, LI	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
						, , , , , ,	
CHANGED OR ADDED INFORMATION: Complete for Assignment of Tal. ORGANIZATION'S NAME	or Party Informat	tion Change - provid	e only <u>one</u> name (7a or 7b) (us	se exact, full n	ame; do not o	mit, modify, or abbreviate any part o	of the Debtor's name)
7b. INDIVIDUAL'S SURNAME			<u>,, </u>		<del></del>	<u> </u>	
INDIVIDUAL'S FIRST PERSONAL NAME .						•	
		·····	· ing · · · · · · · · · · · · · · · · · · ·	<del></del>			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes	s: DADI	) collateral	DELETE collateral		ESTATE (	covered coltateral	ASSIGN collateral
indicate collateral:	18. [] ADE	o condici ai	DECETE CONSTITUTE	·,	(LOTATE (	, overed condition	ACCION CONGRESSA
NAME OF SECURED DARTY OF DECORD AUTHORIZE	NG TUIS A	MENIOLICATO	Openida ambi ama mana	(On an Att)	20m2	nionan if this is an Assissan	
		MENDMENT:	_	(9a or 9b) (í	name of As	signor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here 9a. ORGANIZATION'S NAME			_	(9a or 9b) (ı	name of As	signor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here			zing Debtor	(9a or 9b) (i		signor, if this is an Assignme	ent)

Legal description:

Lot 24A, according to the Survey of Inverness Center Site 24A, as recorded in Map Book 15, Page 31, in the Probate Office of Shelby County, Alabama.



Shelby Chty Judge of Probate: AL 02/28/2019 11:22:52 AM FILED/CERT