20190319000086710 03/19/2019 08:16:16 AM UCCCONT 1/1

A. NAME & PHONE OF CONTACT AT FILER (optional) Lisa Carpenter				
3. E-MAIL CONTACT AT FILER (optional)		28 C25	Filed and Recorded	
lcarpenter@myprogressbank.com			Official Public Records Judge of Probate, Shelby County Alab Clerk	ama, County
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			Shelby County, AL 03/19/2019 08:16:16 AM S32.00 CHERRY	
Lisa Carpenter PO Box 1905		GARASI	20190319000086710	alli 5. Buyl
Decatur, AL 35602				
		THE ABOVE SP	ACE IS FOR FILING OFF	CE USE ONLY
a. INITIAL FINANCING STATEMENT FILE NUMBER Shelby County UCC# 2014042300012003	ro – – – – – – – – – – – – – – – – – – –	or recorded) in the REA	EMENT AMENDMENT is to b AL ESTATE RECORDS ddendum (Form UCC3Ad) <u>and</u> pr	
TERMINATION: Effectiveness of the Financing Statement ident Statement	ified above is terminated with resp	ect to the security inter	est(s) of Secured Party author	orizing this Termination
. ASSIGNMENT (full or partial): Provide name of Assignee in iter For partial assignment, complete items 7 and 9 <u>and</u> also indicate a		ee in item 7c <u>and</u> name	of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	entified above with respect to the se	ecurity interest(s) of Se	ecured Party authorizing this	Continuation Statement i
PARTY INFORMATION CHANGE:				
Check one of these two boxes.	Check <u>one</u> of these three boxes to: CHANGE name and/or address:	Complete ADD ris	ame: Complete item DELE	TE name: Give record na
This Change affects Debtor or Secured Party of record . CURRENT RECORD INFORMATION: Complete for Party Informa	CHANGE name and/or address: item 6a or 6b; <u>and</u> item 7a or 7b <u>a</u>			deleted in item 6a or 6b
6a. ORGANIZATION'S NAME	tion onlinge - provide only <u>one</u> name	e (oa or ob)		
B J&W Shelby County LLC 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	_	ADDITIONAL NAME(S)/IN	ITIAL(S) SUFFIX
OD. INDIVIDUAL S SURINAIVIE	FINGT FENGONAL IVAIVI		ADDITIONAL NAME(S)/IIV	TIAL(3)
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME	arty Information Change - provide only <u>one</u> na	ıme (7a or 7b) (use exact, full	name; do not omit, modify, or abbrevi	ate any part of the Debtor's name
R 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
	GITY Birmingham		STATE POSTAL CODE AL 35242	

10. OPTIONAL FILER REFERENCE DATA:

J&W Shelby County LLC 400577600