



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|  |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)   |
| B. E-MAIL CONTACT AT FILER (optional)  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  |
| <div>Lowndes, Drosdick, Doster, Kantor &amp; Reed, P.A.<br/>215 N. Eola Drive<br/>Orlando, FL 32801<br/>Attn: William S. Vanos</div> |

20190411000118330  
04/11/2019 10:36:26 AM  
UCC6 1/1

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|   |  |
|---|--|
| 1a. INITIAL FINANCING STATEMENT FILE #<br><b>2013123000496560</b> filed <b>12/30/2013</b> | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS<br>Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 |
|---|--|

2. ☒ TERMINATION: Effectiveness of the Financing statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement

3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b and address of assignee in item 7c; and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ PARTY INFORMATION CHANGE:  
Check only one of these two boxes.                      AND check one of these three boxes to:

|  |  |  |   |
|--|--|--|---|
| This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. | <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c | <input type="checkbox"/> ADD name: Complete item 7a or 7b; and item 7c | <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b |
|--|--|--|---|

6. CURRENT RECORD INFORMATION: Complete for Party Information Change – provide only one name (6a or 6b)

|                         |                          |                     |                                |        |
|-------------------------|--------------------------|---------------------|--------------------------------|--------|
| 6a. ORGANIZATION'S NAME |                          |                     |                                |        |
| OR                      | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/ INITIAL(S) | SUFFIX |

7. 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, modify or abbreviate any part of the Debtor's name):

|                         |   |  |        |
|-------------------------|---|--|--------|
| 7a. ORGANIZATION'S NAME |   |  |        |
| OR                      | 7b. INDIVIDUAL'S SURNAME                    |  |        |
|                         | INDIVIDUAL'S FIRST PERSONAL NAME            |  |        |
|                         | INDIVIDUAL'S ADDITIONAL NAME(S)/ INITIAL(S) |  | SUFFIX |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---------------------|------|-------|-------------|---------|

8. ☐ COLLATERAL CHANGE: Also check one of these four boxes:    ☐ ADD collateral    ☐ DELETE collateral    ☐ RESTATE collateral    ☐ ASSIGN collateral.  
Indicate collateral:



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
04/11/2019 10:36:26 AM  
S.00 CHERRY  
20190411000118330

*Allen S. Byrd*

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 DEBTOR, check here ☐ and provide name of authorizing Debtor: .

|   |                            |            |             |        |
|---|----------------------------|------------|-------------|--------|
| 9a. ORGANIZATION'S NAME<br><b>Red Capital Partners, LLC</b> |                            |            |             |        |
| OR  | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |

10. OPTIONAL FILER REFERENCE DATA  
**Debtor Name: STV One Nineteen Senior Living, LLC (Shelby County, AL)**