UCC FINANCING STATEMENT AMENDMENT	Γ				
A. NAME & PHONE OF CONTACT AT FILER (optional) L.YOUNG-WILLIAMS	_				
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address))	N A 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 	
SPIRE ALABAMA INC	20190820000304630 1/1 \$.00 Shelby Cnty Judge of Probate: AL				
F.K.A ALABAMA GAS CORPORATION 2101 6TH AVE NORTH		Shelby Cnty Jud 08/20/2019 10:3	t IO sor	MODACE: The	
BIRMINGHAM, AL 35203	ı				
		THE ABOVE SPA	ACE IS FO	R FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20140812000251130	;	tb. This FINANCING STATE (or recorded) in the REA Filer. <u>attach</u> Amendment Ad			
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated w	" "			•••
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b For partial assignment, complete items 7 and 9 and also indicate affected co			of Assigno	r in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.			cured Party	authorizing this Co	ntinuation Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes: AND Check one	of these three bo		me: Compl	ete item DELETE	name: Give record name
This Change affects Debtor or Secured Party of record item 6a	a or 6b; <u>and</u> item 7	a or 7b <u>and</u> item 7c7a or 7b	and item		leted in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME	ge - provide only i	one name (6a or 6b)			
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITi/	AL(S) SÜFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Trail ORGANIZATION'S NAME	on Change - provide o	only <u>one</u> name (7a or 7b) (use exact, full r	name; do not o	mit, modify, or abbreviate	any part of the Debtor's name
OR 75 INDIVIDUAL'S SURNAME	···				
HARDY					
INDIVIDUAL'S FIRST PERSONAL NAME FELTON					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<u></u>			SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
170 GRANDE VIEW LN	MAYLE	ENE	AL	35114	US
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD) collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collater
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN If this is an Amendment authorized by a DEBTOR, check here and provide n	MENDMENT: Frame of authorizing	-	(name of A	ssignor, if this is an A	ssignment)
9a. ORGANIZATION'S NAME					
SPIRE ALABAMA INC F.K.A ALABAMA 9b. INDIVIDUAL'S SURNAME	FIRST PERSON		ADDITIO	DNAL NAME(S)/INITI	AL(S) SUFFIX
		- " - "			
10. OPTIONAL FILER REFERENCE DATA:					
				-4 Cammaraial A	