## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

20190925000350710 09/25/2019 02:58:20 PM UCCCONT 1/1

A. NAME & PHONE OF CONTACT AT FILER (optional) $256-280-9191$						
B. E-MAIL CONTACT AT FILER (optional)						
lcarpenter@myprogressbank.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			Official	nd Recorded Public Records		
Ducamaga Damle & Tours		ر ر ر	Clerk	of Probate, Shelby County Al	labama, Cour	n ty
Progress Bank & Trust 255 Grant Street			09/25/2	County, AL 019 02:58:20 PM CHARITY	_	
Decatur, AL 35601		AARAN		25000350710	(	llei 5. Buyl
USA						
		THE ABOVE	SPACE IS FO	R FILING OFFICE	USE O	NLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER  20150213000048120  1b. This FINANCING STATEMENT AMENDM (or recorded) in the REAL ESTATE RECO					_	
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	d above is terminated v		•	, ,		
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affective.			ame of Assignor	in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law	fied above with respect	to the security interest(s) o	of Secured Party	authorizing this Co	ntinuation	Statement is
5. PARTY INFORMATION CHANGE:						
Check one of these two boxes.	eck <u>one</u> of these three be CHANGE name and/or a		D name: Comple	te item DELETE	name: G	live record name
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item	7a or 7b <u>and</u> item 7c 7a	or 7b, <u>and</u> item 7	te item DELETE to be del	leted in ite	em 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information	Change - provide only	one name (6a or 6b)				
J & W Shelby County						
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX					
OD. II VDI VIDO AL O OOI II VAIVIL						
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party  7a. ORGANIZATION'S NAME  OR  7b. INDIVIDUAL'S SURNAME	Information Change - provide	only <u>one</u> name (7a or 7b) (use exac	t, full name; do not on	nit, modify, or abbreviate a	any part of t	he Debtor's name)
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
110 Scotch Drive, Suite 101	Birming	ham	Al	35242		USA
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral	RESTATE c	overed collateral	AS	SSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THE If this is an Amendment authorized by a DEBTOR, check here and present a second authorized by a DEBTOR.		<del>-</del>	9b) (name of As	signor, if this is an A	ssignmen	t)
9a. ORGANIZATION'S NAME Progress Bank & Trust						
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIA	AL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

400339500