LICO EINIANIOINIO OTATENIENIT ARRENIDRAE					
UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) VONTE SWAIN (256) 208-7721		20191001000359470 1/1 \$.00			
B. E-MAIL CONTACT AT FILER (optional)				Judge of Probate, 02:27:56 PM FILED/(;
sylacauga@acceptanceloan.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Acceptance Loan Company 270 West Fort Williams					
Sylacauga, AL 35150	•				
	· ` :				
		THE ABOVE	SPACE IS FO	R FILING OFFICE USE	DNLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20171026000388030		(or recorded) in the	REAL ESTATE	RECORDS The sto be filed [for the control of the c	_
2. TERMINATION: Effectiveness of the Financing Statement identified a Statement	above is terminated	with respect to the security	interest(s) of Se	cured Party authorizing this	Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affects		_	name of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identifies continued for the additional period provided by applicable law	d above with respe	ct to the security interest(s)	of Secured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:					
LIPECK ONE OF RESETWO DOXES	c one of these three HANGE name and/or		DD name: Comple	te item DELETE name:	Give record name
			or 7b, <u>and</u> item 7	to be deleted in i	tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information	Change - provide onl	y <u>one</u> name (6a or 6b)			
				}	
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
REDD	GUY		L		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	ormation Change - provid	e only <u>one</u> name (7a or 7b) (use exa	ct, full name; do not o	nit, modify, or abbreviate any part o	f 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
7c. MAILING ADDRESS 109 CLIFF RD	CITY STERF	ETT	STATE	POSTAL CODE 35147	COUNTRY
109 CLIFF RD		RETT DELETE collateral	AL	35147	US
109 CLIFF RD	STERE		AL	35147	US
109 CLIFF RD 8. COLLATERAL CHANGE: Also check one of these four boxes:	STERE		AL	35147	US
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109 CLIFF RD 8. COLLATERAL CHANGE: Also check one of these four boxes:	STERE		AL	35147	
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	SAMENDMENT:	DELETE collateral Provide only one name (9a o	RESTATE	35147 covered collateral	ASSIGN collateral
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	SAMENDMENT:	DELETE collateral Provide only one name (9a o	RESTATE	35147 covered collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and prove the second party of the	STERE ADD collateral S AMENDMENT: vide name of authorize	DELETE collateral Provide only one name (9a o	RESTATE	35147 covered collateral	ASSIGN collateral
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and proves a ORGANIZATION'S NAME	STERE ADD collateral S AMENDMENT: vide name of authorize	Provide only <u>one</u> name (9a ozing Debtor	RESTATE of Page 1969 (name of As	35147 covered collateral	ASSIGN collateral