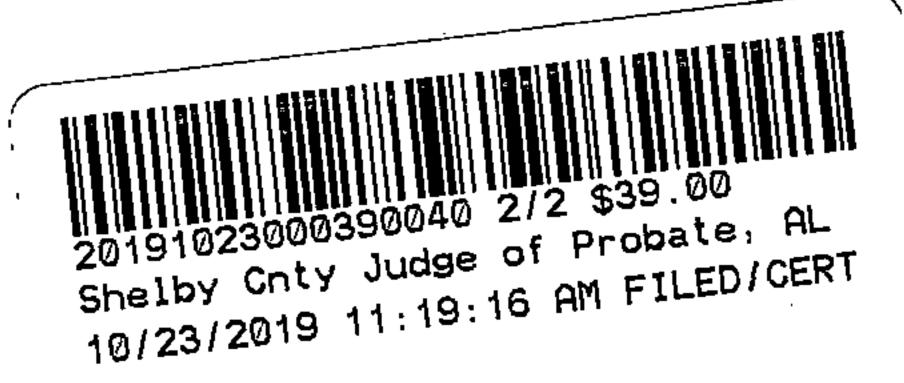


UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional)	
Barry A. Staples (205) 254-1859	
B. E-MAIL CONTACT AT FILER (optional)	•
bstaples@maynardcooper.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Barry A. Staples	· · · · · · · · · · · · · · · · · · ·
Maynard, Cooper & Gale, P.C.	
1901 Sixth Avenue North	
2400 Regions/Harbert Plaza	
Birmingham, Alabama 35203	
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]
Inst. # 20190906000328860, filed with Shelby County Judge of Probate on 09/06/2019	(or recorded) in the REAL ESTATE RECORDS 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 Statement	ated with respect to the security interest(s) of Secured Party authorizing this Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address For partial assignment, complete items 7 and 9 and also indicate affected collateral in	
4. CONTINUATION: Effectiveness of the Financing Statement identified above with recontinued for the additional period provided by applicable law	espect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:	
Check one of these two boxes: - AND Check one of these the	
This Change affects Debtor <u>or</u> Secured Party of record item 6a or 6b; <u>and</u>	nd/or address: Complete ADD name: Complete item DELETE name: Give record name item 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide	only <u>one</u> name (6a or 6b)
6a. ORGANIZATION'S NAME	
OR 6b. INDIVIDUAL'S SURNAME FIRST PE	RSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - p	provide only <u>one</u> 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	
STI Institutional & Government, Inc.	
7b. INDIVIDUAL'S SURNAME	
· · · · · · · · · · · · · · · · · · ·	<u> </u>
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUALIO ADDITIONAL MANERONINITIALIO	· · · · · · · · · · · · · · · · · · ·
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7c. MAILING ADDRESS CITY	STATE POSTAL CODE COUNTRY
1155 Peachtree Street, Suite 900 Atlan	
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral:	
	•
•	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT of this is an Amendment authorized by a DEBTOR, check here and provide name of authorized the second	. •
	. •
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized Da. ORGANIZATION'S NAME Regions Capital Advantage, Inc.	. •
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized Da. ORGANIZATION'S NAME Regions Capital Advantage, Inc.	. •
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here are and provide name of authorized by a DEBTOR, check here are and provide name of authorized by a DEBTOR, check here are and provide name of authorized by a DEBTOR, check here are also and provide name of authorized by a DEBTOR, check here are also and provide name of authorized by a DEBTOR, check here are also and provide name of authorized by a DEBTOR, check here are also and provide name of authorized by a DEBTOR, check here are also and provide name of authorized by a DEBTOR, check here are also and provide name of authorized by a DEBTOR, check here are also and provide name of authorized by a DEBTOR, check here are also and provide name of authorized by a DEBTOR, check here are also and a DEBTOR.	thorizing Debtor



UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form Inst. # 20190906000328860, filed with Shelby County Judge of Probate on 09/06/2019. 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME. Regions Capital Advantage, Inc. 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME The Public Park and Recreation Board of Jefferson County 13b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): 17. Description of real estate: 15. This FINANCING STATEMENT AMENDMENT: covers as-extracted collateral is filed as a fixture filing covers timber to be cut 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

18. MISCELLANEOUS: