2
Ž
4
-4
<
<u>بر</u>
7
2
GENEY.
H
1
73
À
ä
7.5
27.5
ST. 2
10N 7.5
CONT.
MONT.
\(\)
MAYTON T.

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 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT	CC FINANCING STATEMENT AMENDMENT INTELLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) Clayton T. Sweeney, Attorney E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Bay Point Capital Partners, LP Atta: Greg Jacobs 3050 Peachtreet Road NW Suite 2 Atlanta, GA 30305 INTIAL FINANCING STATEMENT FILE NUMBER OLTOTOSO000238150 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTIAL FINANCING STATEMENT FILE NUMBER OLTOTOSO000238150 TERMINATION: Effectiveness of the befined for record of corrected by the REAL ESTATE RECORD and provide Debtor's remain in Page 1 and Secured Party authorizing this Termination Medianent ASSIGNMENT (full or pertial): Provide name of Assignee in Item 7 a or 7b, and address of Assignee in Item 7c and name of Assignment, complete items 7s and 8 and 1 and	· - :		•				
NAME & PHONE OF CONTACT AT FILER (optional) Clayton T. Sweeney, Attorney E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Bay Point Capital Partners, LP Attn: Greg Jacob Statement File Number of Assignment of Partners of Assignment of Probable 1, 2 S 39 S 35 S 2 P F F F F F F F F F F F F F F F F F F	NAME & PHONE OF CONTACT AT FILER (optional) Clayton T. Sweeney, Attorney E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Bay Point Capital Partners, LP Attn: Greg Jacob Sea	e pro-	Partition of the state of the s	•			•	
NAME & PHONE OF CONTACT AT FILER (optional) Clayton T. Sweeney, Attorney E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Bay Point Capital Partners, LP Attn: Greg Jacob Statement File Number of Assignment of Partners of Assignment of Probable 1, 2 S 39 S 35 S 2 P F F F F F F F F F F F F F F F F F F	NAME & PHONE OF CONTACT AT FILER (optional) Clayton T. Sweeney, Attorney E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Bay Point Capital Partners, LP Attn: Greg Jacob Sea				•		•	
EMAIL CONTACT AT FILER (cptional) SEND ACKNOWLEDGMENT TO: (Name and Address) Bay Point Capital Partmers, LP Attn: Greg Jacobs 3050 Peachtreet Road NW Suite 2 Atlanta, GA 30305 INITIAL FINANCING STATEMENT FILE NUMBER 0170705000238150 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE NUMBER 0170705000238150 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT AMENDMENT is to be find (for record) (or recorded) in the AEL SEA RECORD) TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security Interest(s) of Secured Party authorizing this Terminated Statement of the additional print provided by applicable law ASSIGNMENT (full or partial): Provide name of Assignee in item; 7a or 7b, and address of Assignee in Item 7c and generic of the security Interest(s) of Secured Party authorizing this Continuation Statement of the additional print provided by applicable law PARTY INFORMATION CHANGE: Check gap of these two boxes: AND Check gap of these two boxes: AND Check gap of these two boxes: AND Check gap of these two boxes: CHANGE OR ADDED INFORMATION: Complete for Party Information Change - provide only gap name (8a or 6b) So. DRANIZATION'S MAIL AG BP 2017, LLC Bo. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME NOIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MALING ADDRESS CITY STATE POSTAL CODE COUNT	EMAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Bay Point Capital Partners, LP Attn: Greg Jacobs 3050 Peachtreet Road NW Suite 2 Atlanta, GA 30305 INITIAL FINANCING STATEMENT FILE NUMBER INITIAL FINANCING STATEMENT FILE NUMBER INITIAL FINANCING STATEMENT FILE NUMBER INITIAL FINANCING STATEMENT AMENDMENT in to be filed (for recorded) in the REAL ESTATE HECOPODS THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT AMENDMENT in to be filed (for recorded) in the REAL ESTATEMENT AMENDMENT in to be filed (for recorded) in the REAL ESTATEMENT AMENDMENT in to be filed (for recorded) in the REAL ESTATEMENT AMENDMENT in to be filed (for recorded) in the REAL ESTATEMENT AMENDMENT in to be filed (for recorded) in the REAL ESTATEMENT AMENDMENT in to be filed (for recorded) in the REAL ESTATEMENT AMENDMENT in to be filed (for recorded) in the REAL ESTATEMENT AMENDMENT in to be filed (for recorded) ASSIGNMENT (full or patialt): Provide name of Assignes in litem 7s or 70, and address of Assignes in litem 7s and name of Assigner in litem 9 For patial essignment, complete litems 7 and 8 and sic indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement confidency or the additional particle provided by applicable law PARTY INFORMATION CHANGE: Change of these two boxes: CHANGE again of thate three boxes for complete litems 7s or 7s and len're. CHANGES again the service sorting in the Real Estatement of the Real Es			IDMENT	•			•
Bay Point Capital Partners, LP Attn: Greg Jacobs 3050 Peachtreet Road NW Suite 2 Atlanta, GA 30305 INTIAL FRANCING STATEMENT FILE NUMBER 0170705000238150 TERMINATION: Effectiveness of the Financing Statament identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Terminate Statement of the additional period provided by applicable law ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, apd address of Assignee in item 7e and name of Assignee in item 8 february in items 9 february in items 8 february in items 9 february in items 8 february in items 8 february in items 8 february in items 9 february in items 8 february in items 9 february in items	Bay Point Capital Partners, LP Attn: Greg Jacobs 3050 Peachtreet Road NW Suite 2 Atlanta, GA 30305 INITIAL FINANCING STATEMENT FILE NUMBER 0170705000238150 ITERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Terminate Statement Continued for the additional period provided by applicable law ASSIGNMENT (full or partial): Provide name of Assignee in Item 7a or 7b, and address of Assignee in Item 7c and name of Assigner in item 9 For partial assignment, complete licens 7 and 9 and also indicate affected colliders in item 8 PARTY INFORMATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Terminate Continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: AND Check and of these three bases to CHANGE name and or Assignment (and these two boxes: CHANGE name and or Assignment (and or Party Information Change CHANGE name and or Assignment (and or Box and the Party Information Change Party Information Change				:		•	•
Bay Point Capital Partners, LP Attn: Greg Jacobs 3050 Peachtreet Road NW Suite 2 Atlanta, GA 30305 Intrial Financing Statement File NUMBER 0170705000238150 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Intrial Financing Statement Identified above is terminated with respect to the security interest(e) of Secured Party authorizing this Terminate Statement ASSIGNMENT (full or partial): Provide name of Assignee in Identified above with respect to the security interest(e) of Secured Party authorizing this Terminate conductor the additional period provided by applicable law Continuation: Effectiveness of the Financing Statement identified above with respect to the security interest(e) of Secured Party authorizing this Terminate Continuation of the seal dillineal period provided by applicable law Continuation: Effectiveness of the Financing Statement identified above with respect to the security interest(e) of Secured Party authorizing this Continuation Statemen of these two boxes: AND Check one of these two boxes to: CHANGED OR ADDED INFORMATION: Complete for Party Information Change - provide only one name (fia or 7b) (are exact, bill name, do not only, or abbreviate any part of the Dablor's Tax ORGANIZATION's NAME To INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(Bay Point Capital Partners, LP Attn: Greg Jacobs 3050 Peachtreet Road NW Suite 2 Atlanta, GA 30305 INITIAL FINANCING STATEMENT FILE NUMBER 0170705000238150 TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement Continued for the additional period provided by applicable law ASSIGNMENT (full or partial): Provide name of Assignee in Item 7a or 7b, and address of Assignee in Rum 7a and name of Assignee in Item 7a or 7b, and address of Assignee in Rum 7a and name of Assigner in Item 9 For partial assignment, complete litem 2 and 9 and size inclinated above with respect to the security interest(s) of Secured Party authorizing this Termination Continued for the additional period provided by applicable law PARTY INFORMATION CHANCE: Chack grag of these three boxes to This Charge affects Debtor or Debtor Debtor or Debtor De	B. E	-MAIL CONTACT AT FILER (optional)		•			
Attin: Greg Jacobs 3050 Peachtreet Road NW Suite 2 Attanta, GA 30305 Attanta, GA 30305 Attanta, GA 30305 Attanta, GA 30305 Attanta, GA 30305 Attanta, GA 30305 Attanta, GA 30305 Attanta, GA 30305 Attanta, GA 30305 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	Attin: Greg Jacobs 3050 Peachtreet Road NW Suite 2 Atlanta, GA 30305 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	C. €			——————————————————————————————————————			
INITIAL FINANCING STATEMENT AMENDMENT is to be filed (for record) 0170705000238150 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Terminatic Statement 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 8 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Terminatic Statement on the security interest (s) of Secured Party authorizing this Continuation Statement on the security interest (s) of Secured Party authorizing this Continuation Statement on the security interest (s) of Secured Party authorizing this Continuation Statement on the additional particle provided by applicable law PARTY INFORMATION CHANGE: Check and of these three boxes to: CHANGE name and/or address: Complete Change effects Debuter of Secured Party of record Ream and/or address: Complete Complete Item Debuter of to be delated in item 6s or 6 CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only and name (fa or 7b, and item 7c to be delated in item 6s or 6 CURRENT RECORD INFORMATION: Complete for Assignment or Party Information Change - provide only and name (fa or 7b) (see exact, bill name, do not onit, modify, or abbrevials any part of the Debuter's Individual's Surname To Individual's Surname NDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(SyINITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT	INITIAL FINANCING STATEMENT FILE NUMBER 01705000238150 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement (util or partial): Provide name of Assignee in Item 7 a or 7b, and address of Assignee in item 7c and name of Assigner in Item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in Item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Termination Statement of the additional particle provided by applicable law PARTY INFORMATION CHANGE: Check and of these two boxes: Check and of the and of the additional transfer and of the add	1	Attn: Greg Jacobs 3050 Peachtreet Road NW Suite 2	33.00		Shelby Cnty	Judge of Probat	te, AL ,
TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security Interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7o and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected colleteral in item 8 CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statemen continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: Check one of these three boxes to: Check one of these three boxes to: Chiange affects Debtor or Secured Party of record Interest of the security interest (s) of Secured Party authorizing this Continuation Statemen continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: Check one of these three boxes to: Chiange affects Debtor or Secured Party of record Interest or 3 and 16mm 7c 7a or 7b, and 16mm 7c 10 be detected in 16mm 8a or 8c. CHANGE name and/or address: Complete This Change affects Debtor or Secured Party of record Interest or 3 and 16mm 7c 10 and 16mm 7c 10 to be detected in 16mm 8a or 8c. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 8a. ORGANIZATION'S NAME 4G BP 2017, LLLC 8b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT	TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security Interest(s) of Secured Party authorizing this Terminated Statement 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 8 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security Interest(s) of Secured Party authorizing this Continuation Statemen continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: The AND Check one of these three boxes to: Check and of these two boxes: Check and of these two boxes: Chick and of these three boxes to: Change affects Debtor or Secured Party of record Interest of or 5b; and item 7a or 7b, and item 7c for 7b, and item 7c to be deleted in item 6a or 6C CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 4G BP 2017, LL/C 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNT	L			THE A	BOVE SPACE IS	FOR FILING OFFICE	USE ONLY
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 8 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statemen continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: Check and of these three boxes to: CHANGE name and/or address: Complete Item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item DELETE name: Give record This Change effects. Debtor or Debtor or Secured Party of record Item 6a or 6b; and item 7a or 7b and item 7c CURRENT RECORD INFORMATION: Complete for Party information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX To. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT	ASSIGNMENT (full or partial): Provide name of Assignee in item 7s 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 CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statemen continued for the additional particle provided by applicable law PARTY INFORMATION CHANGE: Check and of these two boxes: AND Check and of these three boxes to: CHANGE name and/or address: Complete Item 8a or 8b; and item 7a or 7b and item 7c ADD name: Complete item DELETE name: Give record Item 8a or 8b; and item 7a or 7b and item 7c CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX TA. ORGANIZATION'S NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT		•		(or recorded)	III III IO NEAL EO IA	ALE MECOMPS	
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 9 CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statemen continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: Check and of these two boxes: AND Check and of these three boxes to: CHANGE name and/or address: Complete This Change affects: Deletic and item 7c CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 4G BP 2017, LLC 8b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNTY	For partial assignment, complete litems 7 and 9 and size indicate affected collateral in item 5 CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statemen continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: Check ang of these three boxes to: CHANGE name and/or address: Complete This Change affects Debtor of Secured Party of record Them 6a or 6b; and tem 7c CURRENT RECORD INFORMATION: Complete for Party information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX To. ORGANIZATION'S NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNT		TERMINATION: Effectiveness of the Financing Statement Statement	identified above is ter	minated with respect to the se	curity interest(s) o	f Secured Party authoriz	ing this Terminat
Check one of these two boxes: AND Check one of these two boxes to: CHANGE name and/or address: Complete This Change affects Debtor or Secured Party of record Item 6s or 6b; and Item 7s or 7b and Item 7s or 7b, and Item 7s CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6s or 6b) 6s. ORGANIZATION'S NAME 4G BP 2017, LLC Sb. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Ta. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDI	Check one of these first Debtor or Debtor or Secured Party of record Current Party Information Change and feets Debtor or Debtor or Secured Party of record Itiem 6s or 6b; and item 7a or 7b and item 7a or 7b, and item 7a o		ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment, complete items 7 and 9 and also indi	in item 7a or 7b, <u>and</u> a cate affected collatera	ddress of Assignee in item 7d I in item 8	and name of Assi	gnor in item 9	
Check one of these two boxes: This Change affects. Debtor or Secured Party of record Secured Party Information Change - provide only one name (8a or 6b) 6a. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 Individual's Surname INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT	Check one of these two boxes: AND Check one of these three boxes to: CHANGE name and/or address: Complete ADD name: Complete item DELETE name: Give record CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX The Individual'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT		CONTINUATION: Effectiveness of the Financing Statemet continued for the additional period provided by applicable law	ent identified above wit	h respect to the security inter	est(s) of Secured F	Party authorizing this Cor	ntinuation Statem
Check one of these two boxes: Check one of these three boxes to: Chia Change affects. Debtor or Secured Party of record Item 6a or 6b; and fem 7a or 7b and item 7c to be deleted in Item 6a or 6c. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (8a or 6b) 6a. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 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 for Dividual's Surname INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT	Check one of these two boxes: AND Check one of these three boxes to: CHANGE name and/or address: Complete ADD name: Complete item DELETE name: Give record CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX The Individual'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT	F	PARTY INFORMATION CHANGE:	·		<u>-</u>		
This Change affects Debtor or Secured Party of record Item 6a or 6b; and letem 7c ADD name: Complete item DELETE name: Give record Tem 6a or 6b; and letem 7c or 7b and letem 7c to be deleted in item 6a or 6b. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (8a or 6b) 6a. ORGANIZATION'S NAME 4G BP 2017, LLC Sb. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX This INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX SUFFIX This Change affects Deleted in Item 6a or 6b; and 6b; a	This Change affects. Debtor or Secured Party of record fitting face and early and address: Complete fitting and them 7c or 7b and them 7c or 7b, and item 7c or 7b, a			AND Check one of thes	e three boxes to:			_
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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. 7a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTI	CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 7a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT		·					
4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 Ta. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT	4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 7a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT							
6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT	Gb. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 Ta. ORGANIZATION'S NAME To. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNT	U	CITICLE IN INCOME IN CITIES TO IT. Complete for Fairly in	itormation Change - pro	vide only <u>one</u> name (6a or 6b)		•	
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 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT	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 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX TO REST PERSONAL NAME (S)/INITIAL(S) SUFFIX TO REST PERSONAL NAME (S)/INITIAL(S) SUFFIX TO REST PERSONAL NAME (S)/INITIAL(S) SUFFIX ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX ORGANIZATION'S NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX ORGANIZATION'S NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX ORGANIZATION'S NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	_		rormation Change - pro	vide only <u>one</u> name (6a or 6b)		· · · · · · · · · · · · · · · · · · ·	
78. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNTI	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNT	_	6a. ORGANIZATION'S NAME	rormation Change - pro	vide only <u>one</u> name (6a or 6b)	 	• •	
78. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNTI	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNT		6a. ORGANIZATION'S NAME 4G BP 2017, LLC		i	ADD	ITIONAL NAME(S)/INITIA	L(S) SUFFIX
75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNTING	75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNT		6a. ORGANIZATION'S NAME 4G BP 2017, LLC		i	ADD	ITIONAL NAME(S)/INITIA	L(S) SUFFIX
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNTI	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNT	C	6a. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment	FIRST	PERSONAL NAME			
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNT	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNT	C	6a. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment	FIRST	PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNTI	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNT	C	Ga. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignmental ORGANIZATION'S NAME	FIRST	PERSONAL NAME			
MAILING ADDRESS CITY STATE POSTAL CODE COUNT	MAILING ADDRESS CITY STATE POSTAL CODE COUNT	C	Ga. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignmental ORGANIZATION'S NAME	FIRST	PERSONAL NAME			
		C	4G BP 2017, LLC b. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignme 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME			
		C	GA ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignme 7a. ORGANIZATION'S NAME Th. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	FIRST	PERSONAL NAME			any part of the Debtor
	COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATÉ covered collateral ASSIGN col	C	GA. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignme 7a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	nt or Party Information Change	PERSONAL NAME	se exact, full name; do	not omit, modify, or abbreviate a	any part of the Debtor's
	COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN col	C	GA. ORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignme 7a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	nt or Party Information Change	PERSONAL NAME	se exact, full name; do	not omit, modify, or abbreviate a	any part of the Debtor's
Indicate collateral:			GAG BP 2017, LLC Sb. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignmental Complete for Assignment	nt or Party Information Change	PERSONAL NAME e - provide only one name (7a or 7b) (use exact, full name; do	not omit, modify, or abbreviate a	SUFFI
Indicate collateral: Partial Release of UCC-1 Financing Statement recorded as follows:	artial Release of UCC-1 Financing Statement recorded as follows:		GA ORGANIZATION'S NAME 4G BP 2017, LLC Sb. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignmental Organization's NAME 7a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boundicate collateral:	rit or Party Information Change CITY xes:	PERSONAL NAME e - provide only one name (7a or 7b) (use exact, full name; do	not omit, modify, or abbreviate a	SUFFI
			GALORGANIZATION'S NAME 4G BP 2017, LLC 6b. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment of the second of the second indicate collateral: To organization's name INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	rit recorded as f	PERSONAL NAME e - provide only one name (7a or 7b) (rat DELETE collater follows:	se exact, full name; do	not omit, modify, or abbreviate a	SUFFI
artial Release of UCC-1 Financing Statement recorded as follows:	nstrument No. 20170705000238150 and amended in Instrument No. 20190425000135850	R	GALLATERAL CHANGE: Also check one of these four boundicate collateral: rtial Release of UCC-1 Financing Statement To. INDIVIDUAL'S CONTROL To the sector of	FIRST of Party Information Change CITY xes: ADD collate anded in Instrum	PERSONAL NAME The provide only one name (7a or 7b) (The provide one name (7a o	se exact, full name; do	not omit, modify, or abbreviate a	SUFFI
artial Release of UCC-1 Financing Statement recorded as follows: nstrument No. 20170705000238150 and amended in Instrument No. 20190425000135850	nstrument No. 20170705000238150 and amended in Instrument No. 20190425000135850	R	GALLATERAL CHANGE: Also check one of these four boundicate collateral: rtial Release of UCC-1 Financing Statement To. INDIVIDUAL'S CONTROL To the sector of	FIRST of Party Information Change CITY xes: ADD collate anded in Instrum	PERSONAL NAME The provide only one name (7a or 7b) (The provide one name (7a o	se exact, full name; do	not omit, modify, or abbreviate a	SUFFI
artial Release of UCC-1 Financing Statement recorded as follows: nstrument No. 20170705000238150 and amended in Instrument No. 20190425000135850	nstrument No. 20170705000238150 and amended in Instrument No. 20190425000135850	R C R	GALLATERAL CHANGE: Also check one of these four boundicate collateral: rtial Release of UCC-1 Financing Statement To. INDIVIDUAL'S CONTROL To the sector of	FIRST of Party Information Change CITY xes: ADD collate anded in Instrum	PERSONAL NAME The provide only one name (7a or 7b) (The provide one name (7a o	se exact, full name; do	not omit, modify, or abbreviate a	SUFFI
artial Release of UCC-1 Financing Statement recorded as follows: nstrument No. 20170705000238150 and amended in Instrument No. 20190425000135850	nstrument No. 20170705000238150 and amended in Instrument No. 20190425000135850	R C R	GALLATERAL CHANGE: Also check one of these four boundicate collateral: rtial Release of UCC-1 Financing Statement To. INDIVIDUAL'S CONTROL To the sector of	FIRST of Party Information Change CITY xes: ADD collate anded in Instrum	PERSONAL NAME The provide only one name (7a or 7b) (The provide one name (7a o	se exact, full name; do	not omit, modify, or abbreviate a	SUFFI
Partial Release of UCC-1 Financing Statement recorded as follows: Instrument No. 20170705000238150 and amended in Instrument No. 20190425000135850 Releasing the following described property on Exhibit "A" therefrom: NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)	nstrument No. 20170705000238150 and amended in Instrument No. 20190425000135850 seleasing the following described property on Exhibit "A" therefrom: NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)	R C R R R R R R R R R R R R R R R R R R	Sa. ORGANIZATION'S NAME 4G BP 2017, LLC Sb. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment of the Assignment	TING THIS AMENDA	PERSONAL NAME e - provide only one name (7a or 7b) (DELETE collater collows: nent No. 201904250 cherefrom:	Ise exact, full name; do	TE POSTAL CODE	SUFFI
Partial Release of UCC-1 Financing Statement recorded as follows: Instrument No. 20170705000238150 and amended in Instrument No. 20190425000135850 Releasing the following described property on Exhibit "A" therefrom: 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 a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME	nstrument No. 20170705000238150 and amended in Instrument No. 20190425000135850 deleasing the following described property on Exhibit "A" therefrom: 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 a DEBTOR, check here and provide name of authorizing Debtor [9a. ORGANIZATION'S NAME]	R C R N S R N S	Sa. ORGANIZATION'S NAME 4G BP 2017, LLC 5b. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignmental Transportation of the Secure Bulleting Address INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four bound indicate collateral: Indicate collateral: Indicate Release of UCC-1 Financing Statement Indicate Release of UCC-1 Financing Statement Indicate Indicate Release of UCC-1 Financing Statement Indicate Indica	TING THIS AMENDA	PERSONAL NAME e - provide only one name (7a or 7b) (DELETE collater collows: nent No. 201904250 cherefrom:	Ise exact, full name; do	TE POSTAL CODE	SUFFI
Partial Release of UCC-1 Financing Statement recorded as follows: Instrument No. 20170705000238150 and amended in Instrument No. 20190425000135850 Releasing the following described property on Exhibit "A" therefrom: 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 a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bay Point Capital Partners, LP	nstrument No. 20170705000238150 and amended in Instrument No. 20190425000135850 Releasing the following described property on Exhibit "A" therefrom: 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 a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bay Point Capital Partners, LP	R C R Pains R N T R	Sa. ORGANIZATION'S NAME 4G BP 2017, LLC Sb. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignme 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four bo Indicate collateral: retial Release of UCC-1 Financing Statement of the collateral of the	TIRST CITY ADD collate At recorded as for a shibit "A"	PERSONAL NAME Be - provide only one name (7a or 7b) (Collows: nent No. 201904250 Cherefrom: MENT: Provide only one name authorizing Debtor	sta STA	TE POSTAL CODE ATÉ covered collateral of Assignor, if this is an As	SUFFI COUN ASSIGN co
Partial Release of UCC-1 Financing Statement recorded as follows: Instrument No. 20170705000238150 and amended in Instrument No. 20190425000135850 Releasing the following described property on Exhibit "A" therefrom: 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 a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bay Point Capital Partners, LP	nstrument No. 20170705000238150 and amended in Instrument No. 20190425000135850 Releasing the following described property on Exhibit "A" therefrom: 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 a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Bay Point Capital Partners, LP	R C R R R R R R R R R R R R R R R R R R	Sa. ORGANIZATION'S NAME 4G BP 2017, LLC Sb. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignme 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four bo Indicate collateral: retial Release of UCC-1 Financing Statement of the collateral of the	TIRST CITY ADD collate ADD c	PERSONAL NAME Be - provide only one name (7a or 7b) (Collows: nent No. 201904250 Cherefrom: MENT: Provide only one name authorizing Debtor	sta STA	TE POSTAL CODE ATÉ covered collateral of Assignor, if this is an As	SUFFI COUN ASSIGN co

EXHIBIT A LEGAL DESCRIPTION

Lot 329, according to the Final Plat of the Mixed Use Subdivision of Lake Wilborn Phase 3, as recorded in Map Book 49, Page 97 A & B, in the Probate Office of Shelby County, Alabama.

Said partial termination being executed by a duly authorized officer of Bay Point Advisors, LLC, a Florida limited liability company, as General Partner of Bay Point Capital Partners, LP, a Delaware limited partnership, this the 1th day of 2019.

Bay Point Capital Partners, LP a Delaware limited partnership

By: Bay Point Advisors, LLC, a Florida

limited liability company

Name: Gaege 17

Title:

20191105000410940 2/2 \$39.00 Shelby Cnty Judge 25

Shelby Cnty Judge of Probate, AL 11/05/2019 03:35:32 PM FILED/CERT