		a.



## 20191213000463110 1/1 \$.00 Shelby Cnty Judge of Probate, AL 12/13/2019 03:39:42 PM FILED/CERT

	CC FINANCING STATEMENT AMENDIMEN LLOWINSTRUCTIONS				-	
A.	NAME & PHONE OF CONTACT AT FILER (optional)					
1	DANELLE KING 205-326-8299					
	E-MAIL CONTACT AT FILER (optional)  DANELLE.KING@SPIREENERGY.COM					
	SEND ACKNOWLEDGMENT TO: (Name and Address)					
li	SPIRE FORMERLY					
<b>!</b> '	ALABAMA GAS CORPORATION	1			•	
1	2101 6TH AVENUE NORTH			-		
İ,	BIRMINGHAM, AL 35203	I				
			THE ABOVE SP	ACE IS FO	R FILING OFFICE USE C	DNLY
	INITIAL FINANCING STATEMENT FILE NUMBER		b. This FINANCING STAT	EMENT AM	ENDMENT is to be filed [for i	
20	014618000184320		(or recorded) in the KEA	IL EQIATE	RECORDS m UCC3Ad) <u>and</u> provide Debtor	
2.	TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated w	ith respect to the security inter	est(s) of Se	cured Party authorizing this	Termination
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7l For partial assignment, complete items 7 and 9 and also indicate affected c			of Assignor	in item 9	
4. [	CONTINUATION: Effectiveness of the Financing Statement identified ab	ove with respect	to the security interest(s) of Se	cured Party	authorizing this Continuatio	n Statement is
5.	PARTY INFORMATION CHANGE:		· .	<u></u>		<u> </u>
_		e of these three bo				•
	CHAN	IGE name and/or a a or 6b; <u>and</u> item 7	ddress: Complete a or 7b <u>and</u> item 7c 7a or 7	ame: Comple b, <u>and</u> item 7	ete item DELETE name: 0 c to be deleted in ite	Give record name em 6a or 6b
	CURRENT RECORD INFORMATION: Complete for Party Information Chan 6a. ORGANIZATION'S NAME	ge - provide only <u>s</u>	ne name (6a or 6b)		·	
OR						
	6b. INDIVIDUAL'S SURNAME  BAILEY	FIRST PERSON  BENJAI			NAL NAME(S)/INITIAL(S)	SUFFIX
7 (	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information			nama: da nat ar	nit modify or obbroviote one next of	the Debted remai
	7a. ORGANIZATION'S NAME	Jon Change - provide t	my give mante (74 or 75) (use exact, full	name, do not o	thit, ithoulis, of abbreviate any part of	rie Deptot s name) .
OR						
0.1	7b. INDIVIDUAL'S SURNAME			•		
	INDIVIDUAL'S FIRST PERSONAL NAME		<u> </u>	,		
	· · · · · · · · · · · · · · · · · · ·			,		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						
	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COLINTEN
	21 TREYMOOR LAKE CIR	ALABA	STER	AL	35007-3167	COUNTRY
8.		collateral			<u>.                                    </u>	SSIGN collateral
	Indicate collateral:	, L		NEOTHER C		ooro.r conatorar
			I.			
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		7		1		
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		7				
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN If this is an Amendment authorized by a DEBTOR, check here 📝 and provide n		-	(name of As	signor, if this is an Assignmen	t)
lf	this is an Amendment authorized by a DEBTOR, check here 📝 and provide notes. 1998. ORGANIZATION'S NAME	name of authorizin	g Debtor ,	<del></del>	signor, if this is an Assignmen	t)
OR.	this is an Amendment authorized by a DEBTOR, check here 🗾 and provide n	name of authorizin	GAS CORPORA	ΓΙΟΝ	signor, if this is an Assignmen	t) SUFFIX

10. OPTIONAL FILER REFERENCE DATA: