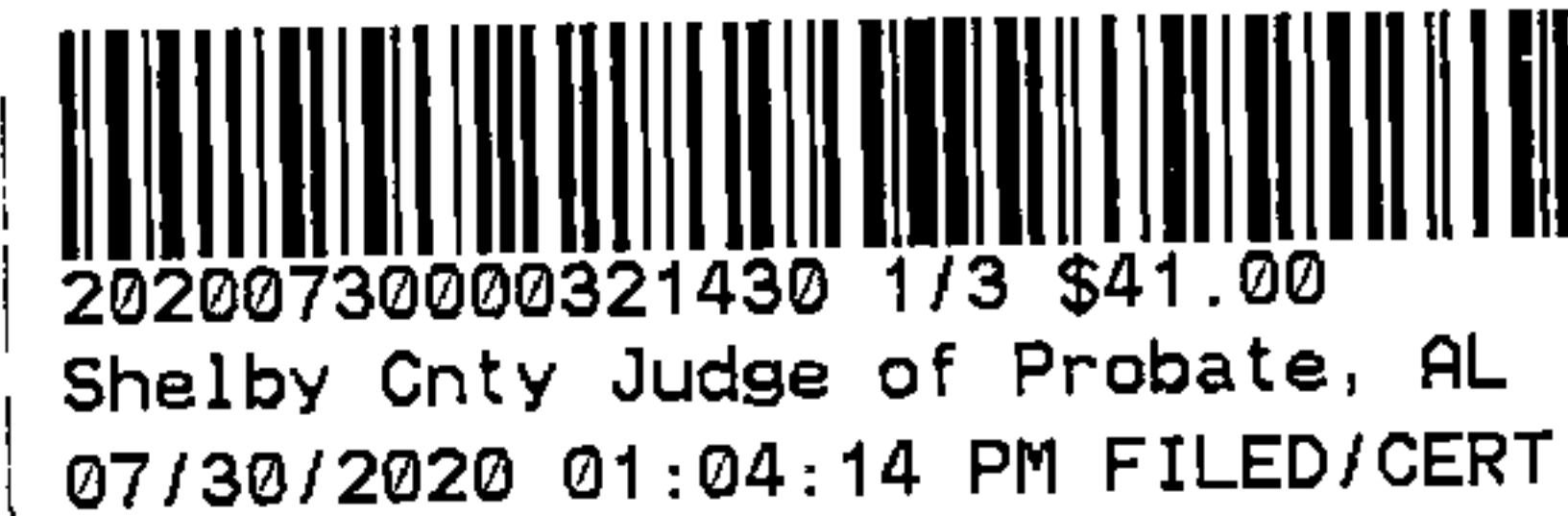


# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                             |                             |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 |                             |
| B. E-MAIL CONTACT AT FILER (optional)<br>uccfilingreturn@wolterskluwer.com                                                  |                             |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 9418 - BB & T - MASTER                                                        |                             |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                                                 | 76102704<br>ALAL<br>FIXTURE |
| File with: Shelby, AL                                                                                                       |                             |



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                                                                      |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>20151008000353370 10/8/2015 CC AL Shelby                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS<br>Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 |                                         |
| 2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                                                                                                                                                      |                                         |
| 3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9<br>For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                      |                                         |
| 4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                                                                      |                                         |
| 5. <input type="checkbox"/> PARTY INFORMATION CHANGE:<br>Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record <u>AND</u> Check <u>one</u> of these three boxes to:<br><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name 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<br>Kingwood Assembly of God                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                                                                      |                                         |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME                                                                                                                                                                                                                                  | ADDITIONAL NAME(S)/INITIAL(S)<br>SUFFIX |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                      |                                         |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7b. INDIVIDUAL'S SURNAME |                                                                                                                                                                                                                                                      |                                         |
| INDIVIDUAL'S FIRST PERSONAL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                      |                                         |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)<br>SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                                                                                                                                                                                      |                                         |
| 7c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | CITY                                                                                                                                                                                                                                                 | STATE<br>POSTAL CODE<br>COUNTRY         |
| 8. <input type="checkbox"/> COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral<br>Indicate collateral:                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                      |                                         |

|                                                                                                                                                                                                                                                                                   |                          |                     |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|-----------------------------------------|
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor |                          |                     |                                         |
| 9a. ORGANIZATION'S NAME<br>Branch Banking and Trust Company                                                                                                                                                                                                                       |                          |                     |                                         |
| OR                                                                                                                                                                                                                                                                                | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S)<br>SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Kingwood Assembly of God<br>76102704 8621170 Commercial                                                                                                                                                                           |                          |                     |                                         |

UCC FINANCING STATEMENT AMENDMENT ADDENDUM
FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
20151008000353370 10/8/2015 CC AL Shelby

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

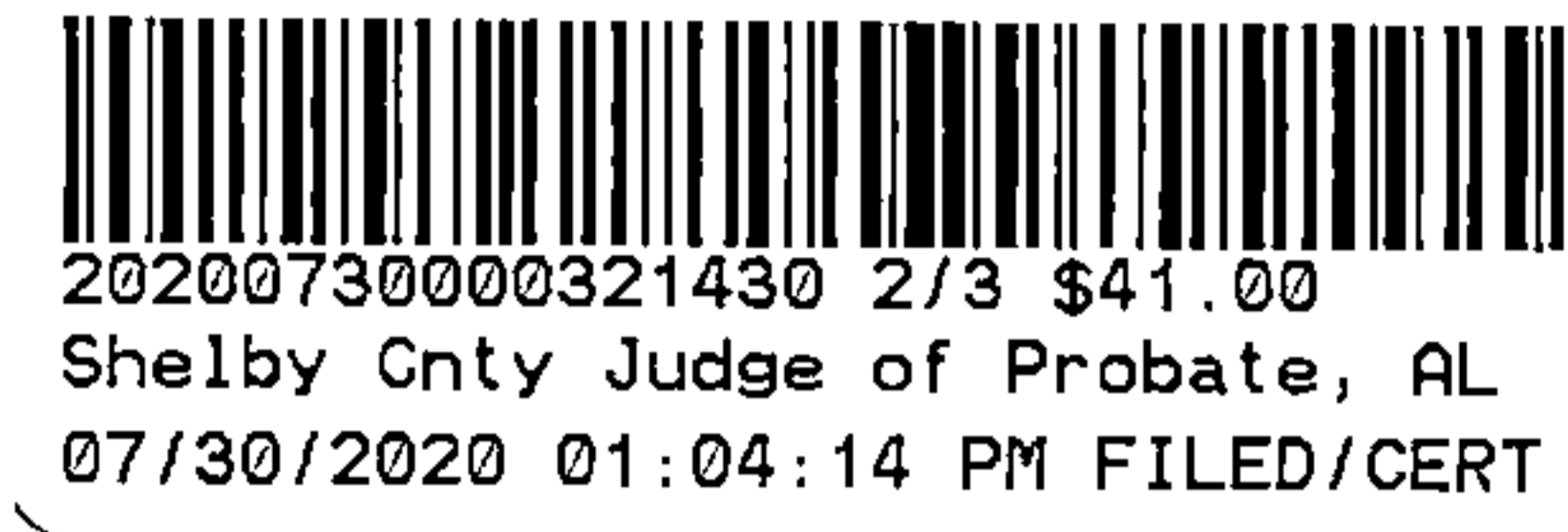
12a. ORGANIZATION'S NAME
Branch Banking and Trust Company

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) SUFFIX



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
Kingwood Assembly of God

OR

13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):
Debtor Name and Address:
Kingwood Assembly of God - 100 Harvest Way , Alabaster, AL 35007-9018

Secured Party Name and Address:
Branch Banking and Trust Company - , , AL

15. This FINANCING STATEMENT AMENDMENT:
[ ] covers timber to be cut [ ] covers as-extracted collateral [X] is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

17. Description of real estate:
See exhibit "A" attached hereto and incorporated herein by this reference.

20151008000353370 10/08/2015 11:45:04 AM UCC1 4/4



20200730000321430 3/3 \$41.00  
Shelby Cnty Judge of Probate, AL  
07/30/2020 01:04:14 PM FILED/CERT

EXHIBIT "A"

Property Address: 100 Harvest Way, Alabaster, AL 35007  
Tax ID: 13-7-35-2-001-001.001 and 13-7-35-1-001-010.003

A parcel of land situated in part of the Northeast 1/4 of the Northwest 1/4 and the Northwest 1/4 of the Northeast 1/4 of Section 35, Township 20 South, Range 3 West, Shelby County, Alabama, being more particularly described as follows: Begin at the NW corner of the NW 1/4 of the Northeast 1/4 of said Section 35 and run East along the North line of same for 221.47 feet to a point; thence a deflection angle right of  $65^{\circ} 10' 30''$  and run to a Southeasterly direction along the Southwesterly right-of-way of the Alabama Power Company easement for transmission lines for 599.73 feet; thence an interior angle of  $131^{\circ} 22' 40''$  and run to the right in a Southwesterly direction for 50.45 feet to an angle point on newly acquired right-of-way of Highway 66, Shelby County, Alabama, also known as Industrial Road; thence an interior angle of  $135^{\circ} 50' 55''$  and run to the right in a Southwesterly direction along said right-of-way 109.54 feet; thence an interior angle of  $157^{\circ} 40' 15''$  and run to the right in a Westerly direction continuing along said right-of-way for 700.25 feet; thence with an interior angle of  $171^{\circ} 42' 50''$  run to the right in a Northwesterly direction continuing along said right-of-way for 101.28 feet; thence with an interior angle of  $189^{\circ} 02' 41''$  run to the left in a Westerly direction continuing along said right-of-way for 700.00 feet; thence with an interior angle of  $165^{\circ} 07' 02''$  run to the right in a Northwesterly direction continuing along said right-of-way for 155.17 feet to a point on the Easterly right-of-way of Shelby County Highway #95; thence an interior angle of  $110^{\circ} 07' 07''$  run to the right in a Northwesterly direction along newly acquired right-of-way of said Shelby County Highway #95 for 500.54 feet to a point; thence an interior angle of  $90^{\circ} 35' 51''$  and run to the right in a Northeasterly direction along the Southeasterly line of Meadowlark Subdivision, as recorded in Map Book 7, Page 98 in the Probate Office of Shelby County, Alabama for 61.52 feet to a point; thence with an interior angle of  $228^{\circ} 12' 12''$  run to the left in a Northeasterly direction continuing along said line of said subdivision 92.83 feet; thence with an interior angle of  $125^{\circ} 28' 57''$  run to the right in an Easterly direction along the Southerly line of said Meadowlark Subdivision, also being the North line of the Northeast 1/4 of the Northwest 1/4 of said Section 35 for 1,234.11 feet to the Point of Beginning



Filed and Recorded  
Official Public Records  
Judge James W. Fuhrmeister, Probate Judge,  
County Clerk  
Shelby County, AL  
10/08/2015 11:45:04 AM  
\$35.00 CHERRY  
20151008000353370