# LICC EINIANCING STATEMENT AMENDMENT

20200813000348150 08/13/2020 12:49:30 PM

NAME & PROMEOUR OF CONTROL THE REPORT (INCIDENTIAL)	FOLLOW INSTRUCTIONS			U	CC3 1/4	
FAMILIONATOR AT PIER (cyclands)   SPRFILING (SPECAL) COMMINED (Name are Address)   Section (Name are Address) (SPECAL) COMMINED (Name are Address) (SPECAL) (SPECAL) COMMINED (Name are Address) (SPECAL) (						
SPRETIING@CSCGIONAL COM  SEND ACKNOWLEDGMENT TO: (Name and Actives)  Tiger (62020)  CSC CSC  SST Adults Storward Drive Springfield, IL 62703  Filed In: Alabama Springfield, IL 62703  Filed In: Alabama Springfield, IL 62703  Filed In: Alabama Springfield, IL 62703  The BADOUS SPACE IS FOR FILING OFFICE USE ONLY  In DITIAL PRINCIPLE STATEMENT PIPE NUMBER 20200211000056080 2/11/2020  The BADOUS SPACE IS FOR FILING OFFICE USE ONLY  In DITIAL PRINCIPLE STATEMENT PIPE NUMBER 20200211000056080 2/11/2020  The BADOUS SPACE IS FOR FILING OFFICE USE ONLY  In DITIAL PRINCIPLE STATEMENT PIPE NUMBER 20200211000056080 2/11/2020  The BADOUS SPACE IS FOR FILING OFFICE USE ONLY  In DITIAL PRINCIPLE STATEMENT PIPE NUMBER 20200211000056080 2/11/2020  The BADOUS SPACE IS FOR FILING OFFICE USE ONLY  In DITIAL PRINCIPLE STATEMENT PIPE NUMBER 20200211000056080 2/11/2020  The BADOUS SPACE IS FOR FILING OFFICE USE ONLY  In DITIAL PRINCIPLE STATEMENT PIPE NUMBER PIPE						
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Fig. of partial assignment, complete forms 3" and 9 and 18 to lockoar affected collateral in tent 6		e is terminated v	vith respect to the security in	terest(s) of Sec	cured Party authorizing	this Termination
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Check gas of these has boxes.  Change affects Debtor or Secured Party of record Secured Party		ove with respect	to the security interest(s) of	Secured Party	authorizing this Continu	ation Statement is
CHANGE name and/or address: Complete   Description   Desc						
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only soa name (6a or 6b)  Soa ORGANIZATION'S NAME WEALTH CAP HOLDINGS, LLC  OR 6b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  7c. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only gre name (7a or 7b) quae seach full name, do not on'll modify, or extreviable any part of the Debtor's name)  To INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  7c. MAILING ADDRESS  CITY  STATE  FOSTAL CODE  COUNTRY  STATE  FOSTAL CODE  COUNTRY  ASSIGN collineral Incicate collisteral:  PERSONAL NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provice only gong 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. ORGANIZATIONS NAME ServisFirst Bank  OR  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  SUFFIX	Check one of these two boxes.			name: Comple	te item DELETE nan	
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### 20200813000348150 08/13/2020 12:49:30 PM UCC3 2/4

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY						
A. NAME & PHONE OF CONTACT AT FILER [optional]						
Amy Burge	205-856-9100	(	րդ လ	20 AM Pg	00 75	50 1 25
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		4	یّ	2 0 2 0 2	ა ა	• !
National Title & Appraisal, Inc.		ama	•	$\sim$ 0	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- <u>-</u>
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1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1	· · · · · · · · · · · · · · · · · · ·					
1a. ORGANIZATION'S NAME		···································				<del></del>
Wealth Cap Holdings, LLC						
1b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME		SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
1105 N Market Street   11th Floor	Wilmington		DE	19801		USA
ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGAN	NIZATION	1g. ORG	L ANIZATIONAL (D#	, if any	
DEBTOR	AL		İ			NON
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	e debtor name (2a or 2b) - do not ab	breviate or combine na	mes	······································		
OR 26. INDIVIDUAL'S LAST NAME	FIRST NAME		WIDDLE	NAME		SUFFIX
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2¢, MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
ADD'L INFO RE   2e. TYPE OF ORGANIZATION	2f, JURISDICTION OF ORGAN	VIZATION	2g. ORG	NIZATIONAL ID #	, if any	
ORGANIZATION ` DEBTOR {						NON
3: SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	OR S(P) - insert only one secured pa	rty name (3a or 3b)		·	• • • • • • • • • • • • • • • • • • • •	·
3a. ORGANIZATION'S NAME ServisFirst Bank						····
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	··········	SUFFIX
3c. MAILING ADDRESS	CITY		STATE	DOCTAL CODE		COUNTRY
1801 West End Avenue   Suite 850	Nashville		TN	POSTAL CODE		COUNTRY
4. This FINANCING STATEMENT covers the following collateral:	, , , , , , , , , , , , , , , , , , , ,			J, 200	X AT	TACHMENT

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG, LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [t ESTATE RECORDS. Attach Addendum	or record) (or recorded) in	the REAL 7, Check to REC	SUEST SEARCH REPOR	RT(S) on Debtor(s)		Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA						

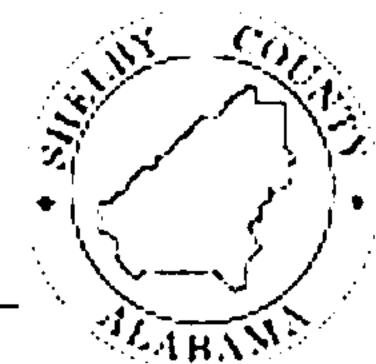
#### 20200813000348150 08/13/2020 12:49:30 PM UCC3 3/4

#### EXHIBIT "A"

#### PROPERTY DESCRIPTION

Lots 11, 12, 13, 14, 15, and 16, in Block 1, according to the Map of the Eden Highlands Addition and of record in Map A 33A in the Office of the Judge of Probate of St. Clair County, Alabama and being a part of the Northwest Quarter of the Northwest Quarter of Section 2, Township 17 South, Range 3 East, St. Clair County, Alabama, in the City of Pell City, Alabama.

2 \*\*



Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk **Shelby County, AL** 08/13/2020 12:49:30 PM \$43.00 JESSICA

## UCC - Uniform Commercial Code Online System

#### 20200813000348150 08/13/2020 12:49:30 PM UCC3 4/4

UCC Filing Receipt

Receipt Confirmation Number: 20200604000000046

Payment Summary				
UCC Filing Fee	\$15.00			
Electronic Access Fee	\$9.75			
Total Fee through Alabama.gov ( <u>more info</u> )	\$30.25			

Contact Information

Business Name: National Title & Appraisal, Inc.

Contact Address: 2880 Crestwood Blvd Birmingham, AL 35210

Country: USA

Contact Name: Amy Burge

Contact Phone Number: 205-856-9100

Contact Email Address: aburge@titleappraisal.com

Debtor Information

Primary Debtor

Debtor Type: Organization

Organization Name: Wealth Cap Holdings, LLC

Address: 1105 N Market Street

11th Floor

Wilmington, DE 19801

Country: USA

Secured Party Information

Primary Secured Party

Debtor Type: Organization

Organization Name: ServisFirst Bank

Address: 1801 West End Avenue

Suite 850

Nashville, TN 37203

Country: USA

Collateral Information

This Financing Statement covers the following collateral:

Collateral Attachment	Pages
CCF_600001.pdf	1

Additional Information

Optional Filer Reference Data: N/A

For more information about UCC Filings please visit the Secretary of State's website. For policy-related questions please contact: (334)242-5324 or business.services@sos.alabama.gov For technical assistance please contact: 866-353-3468 or support@alabamainteractive.org For login assistance please email subscriptions@alabamainteractive.org

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