UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	ENT					
A. NAME & PHONE OF CONTACT AT FILER (optional) Lindsey Neely 404-877-9261						
B. E-MAIL CONTACT AT FILER (optional)						
lindsey.neely@colliers.com						ſ
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			2021052600	0257750 1/2 \$		
Lindsey Neely			SUSTON CUI	y Judge of Pr	obata or	
Colliers International - Atlanta, Inc			05/26/2021 	11:48:27 AM	FILED/CERT	
Promenade, Suite 800						
1230 Peachtree Street, NE						
Atlanta, GA 30309-3574		THE ABOVE	SDACE IC EC		· UCE ONLY	
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING ST	ATEMENT AM	R FILING OFFICE		_
2011061000017149		Filer: <u>attach</u> Amendmer	t Addendum (Fo	m UCC3Ad) <u>and</u> provi	de Debtor's name i	
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated	with respect to the security in	terest(s) of Se	cured Party authoriz	ing this Termina	tion
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect	or 7b, <u>and</u> address ted collateral in item	of Assignee in item 7c <u>and</u> na 8	me of Assignor	in item 9	-	
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law			Secured Party	authorizing this Cor	ntinuation Staten	nent is
5. PARTY INFORMATION CHANGE:						-
Check one of these two boxes: AND Check	k <u>one</u> of these three					
This Change affects Debtor or Secured Party of record it	CHANGE name and/or tem 6a or 6b; <u>and</u> iten	raddress: Complete 7a or 7b <u>and</u> item 7c 7a o	name: Compler 7b, <u>and</u> item 7	c DELETE to be del	name: Give reco eted in item 6a or	
6. CURRENT RECORD INFORMATION: Complete for Party Information (Change - provide onl	y <u>one</u> name (6a or 6b)				
6a. ORGANIZATION'S NAME CHELSEA-SELIG, LLC						
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	IADDITIO	NAL NAME(S)/INITIA	L(S) SUFFI	Ý
	I IIIO FENOC		ADDITIO	IAVE IAVAIETO VIIALLIV	10011	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inf	formation Change – provid	s ank and name (7e or 7h) (use suse)				
—	iottrianon ottalide - biokin	e only <u>one</u> name (7a of 7b) (use exact, .	full name; do not o	nit, modify, or abbreviate a	ny part of the Debtor	's name)
7a. ORGANIZATION'S NAME	ionnation Change - provid	e only <u>one</u> name (7a of 7b) (use exact,	full name; do not o	nit, modify, or abbreviate a	iny part of the Debtor	's name)
7a. ORGANIZATION'S NAME	ionnation Change - provid	e only <u>one</u> name (7a of 7b) (use exact,	full name; do not o	nit, modify, or abbreviate a	ny part of the Debtor	's name)
7a. ORGANIZATION'S NAME	ionnation Change - provid	e only <u>one</u> name (7a or 7b) (use exact,	full name; do not o	nit, modify, or abbreviate a	ny part of the Debtor	's name)
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME	iomiation change - provid	e only <u>one</u> name (7a or 7b) (use exact,	full name; do not o	nit, modify, or abbreviate a	ny part of the Debtor	's name)
7a. ORGANIZATION'S NAME	ionnation Change - provid	e only <u>one</u> name (7a or 7b) (use exact,	full name; do not o	nit, modify, or abbreviate a	any part of the Debtor	's name)
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME	Tornia don Change - provid	e only <u>one</u> name (7a of 7b) (use exact,	full name; do not o	nit, modify, or abbreviate a	ny part of the Debtor	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	TOTAL CHAINGE - PIOVIG	e only <u>one</u> name (7a or 7b) (use exact,	full name; do not o	nit, modify, or abbreviate a		
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	CITY	e only <u>one</u> name (7a or 7b) (use exact,	STATE	POSTAL CODE		X
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		e only <u>one</u> name (7a or 7b) (use exact,			SUFFI	X
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS		DELETE collateral	STATE		SUFFI	ITRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	SUFFI	ITRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:	CITY		STATE	POSTAL CODE	SUFFI	ITRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:	CITY		STATE	POSTAL CODE	SUFFI	ITRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:	CITY		STATE	POSTAL CODE	SUFFI	ITRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:	CITY		STATE	POSTAL CODE	SUFFI	ITRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:	CITY		STATE	POSTAL CODE	SUFFI	ITRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	CITY ADD collateral	DELETE collateral	STATE	POSTAL CODE	COUN ASSIGN C	ITRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	CITY ADD collateral S AMENDMENT:	DELETE collateral Provide only one name (9a or 9	STATE	POSTAL CODE	COUN ASSIGN C	ITRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	CITY ADD collateral	DELETE collateral Provide only one name (9a or 9	STATE	POSTAL CODE	COUN ASSIGN C	ITRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME of SECURED PARTY of RECORD AUTHORIZING THI If this is an Amendment authorized by a DEBTOR, check here and prove the second party. 9a. ORGANIZATION'S NAME Protective Life Insurance Company	CITY ADD collateral S AMENDMENT:	DELETE collateral Provide only one name (9a or 9	STATE	POSTAL CODE	COUN ASSIGN C	ITRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THI If this is an Amendment authorized by a DEBTOR, check here and prove the second surface of th	CITY ADD collateral S AMENDMENT:	DELETE collateral Provide only one name (9a or 9 ing Debtor	STATE O	POSTAL CODE	COUN ASSIGN c	TRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME of SECURED PARTY of RECORD AUTHORIZING THI If this is an Amendment authorized by a DEBTOR, check here and proving a ORGANIZATION'S NAME Protective Life Insurance Company	CITY ADD collateral S AMENDMENT: vide name of authoriz	DELETE collateral Provide only one name (9a or 9 ing Debtor	STATE O	POSTAL CODE	COUN ASSIGN c	TRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collaterat: 9. NAME of SECURED PARTY of RECORD AUTHORIZING THI If this is an Amendment authorized by a DEBTOR, check here and proving a Organization's NAME Protective Life Insurance Company	CITY ADD collateral S AMENDMENT: vide name of authoriz	DELETE collateral Provide only one name (9a or 9 ing Debtor	STATE O	POSTAL CODE	COUN ASSIGN c	TRY

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2011061000017149 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME Protective Life Insurance Company 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 CHELSEA-SELIG, LLC 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): 20210526000257750 2/2 \$39.00 Shelby Cnty Judge of Probate, AL 05/26/2021 11:48:27 AM FILED/CERT 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: is filed as a fixture filing Chelsea Crossroads Shopping Center - 501 Chelsea covers timber to be cut covers as-extracted collateral 16. Name and address of a RECORD OWNER of real estate described in item 17 Crossroads, Chelsea, AL 35043 (if Debtor does not have a record interest):

18. MISCELLANEOUS:

Loan #200025923 - Filed with Recorder of Deeds of Shelby County, AL