CC FINANCING STATEMENT AMENDI	ИENT			
LOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]  onya Tarbert 226.1403				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
Alabama Power Company 600 18th St N Birmingham, AL 35203			202206070002274	30 1/2 \$.00
			Shelby Cnty Jud 06/07/2022 08:4	ge of Probate 4:18 AM FILED
		THE ABOVE SPA	CE IS FOR FILING OFFICE	USE ONLY
INITIAL FINANCING STATEMENT FILE # INS: 2013052100020	)7910		to be filed [for record] (or	MENT AMENDMENT recorded) in the
TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with	respect to security interest(s) of the	REAL ESTATE RECORD Secured Party authorizing this Ter	<del></del>
CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law	ified above with respect to	security interest(s) of the Secured	Party authorizing this Continuati	on Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or				
MENDMENT (PARTY INFORMATION): This Amendment affects so check one of the following three boxes and provide appropriate inform		ured Party of record. Check only <u>or</u>	e of these two boxes	
CHANGE name and/or address: Give current record name in item 6a of name (if name change) in item 7a or 7b and/or new address (if address	or 6b; also give new s change) in item 7c.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete it item 7c; also complete it	em 7a or 7b, and also tems 7d-7g (if applica
URRENT RECORD INFORMATION: 6a ORGANIZATION'S NAME		<u> </u>		· · · · · · · · · · · · · · · · · · ·
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		TMIDDLE NAME	SUFFIX
BEALE	CHARLES		B.	SOFFIX
HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				
7 a. ORGANIZATION S NAME				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
BEALE MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTR
050 CHELSEA RD	COLOM	BIANA	AL 35051	US
	rion 7f. JURISDIC	TION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, i	f any
FAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION				<b>!</b>   •
ORGANIZATION DEBTOR	· · · · · · · · · · · · · · · · · · ·			
ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.	d collateral description, or	describe collateral assigned		
ORGANIZATION ' DEBTOR  MENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.	d collateral description, or	describe collateral assigned		
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ORGANIZATION ' DEBTOR  MENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.	d collateral description, or	describe collateral assigned		
ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.	d collateral description, or	describe collateral assigned		
ORGANIZATION ' DEBTOR  MENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.	d collateral description, or	describe collateral assigned		
ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added or give entire restated.			int). If this is an Amendment auth	
MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added, or give entire restated.  AME OF SECURED PARTY OF RECORD AUTHORIZING Telds collateral or adds the authorizing Debtor, or if this is a Termination a	HIS AMENDMENT (na	me of assignor, if this is an Assignme		orized by a Debtor wi
ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added or give entire restated restated.  AME OF SECURED PARTY OF RECORD AUTHORIZING To do collateral or adds the authorizing Debtor. or if this is a Termination a ga. ORGANIZATION'S NAME	HIS AMENDMENT (na	me of assignor, if this is an Assignme		orized by a Debtor wh
ORGANIZATION '	HIS AMENDMENT (na	me of assignor, if this is an Assignme ock here and enter name of DEE		orized by a Debtor w

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) INS: 20130521000207910 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME Alabama Power Company OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME.SUFFIX



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