UCC FINANCING STATEMENT AMENDMEN	1 <b>T</b>		
FOLLOW INSTRUCTIONS			
A. NAME & PHONE OF CONTACT AT FILER (optional)			
Charlotte Matthews 727-260-6553	<del></del>		
B. E-MAIL CONTACT AT FILER (optional) cmatthews@valleybank.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
		\$  \$   \$   \$   \$   \$   \$   \$   \$   \$	
VALLEY NATIONAL BANK			
Operations Center - FL West		20230120000016500 1/1 \$	
PO Box 17540		Shelby Cnty Judge of Pro	bate, AL
Clearwater, FL 33762	į į	01/20/2023 10:53:02 AM F	ILED/CERT
<u></u>		THE AROVE SDACE IS EOD BILLING OFFICE LIST	: ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b This	THE ABOVE SPACE IS FOR FILING OFFICE USE FINANCING STATEMENT AMENDMENT is to be fited [for	·
Instr. # 20140307000063590 Shelby County	(orr	econigio in in in All All ESTATE RECORDS	•
		attach Amendment Addendum (Form UCC3Ad) and provide Det	
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identified above</li> <li>Statement</li> </ol>	ve is terminated with respect	to the security interest(s) of Secured Party authorizing th	is Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7	7h and address of Assignee in	n item 7c and name of Assignor in item 9	
For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected of	collateral in item 8	THEIR TO GITT HAIRE OF ASSIGNOF IN HERITS	
4. CONTINUATION: Effectiveness of the Financing Statement identified at	bove with respect to the secu	rity interest(s) of Secured Party authorizing this Continua	ion Statement is
continued for the additional period provided by applicable law	•		
5. PARTY INFORMATION CHANGE:			
Check one of these two boxes:  AND Check on	e of these three boxes to:		
This Change affects Debtor or Secured Party of record item 6	NGE name and/or address. Con Sa or 6b; <u>and</u> item 7a or 7b <u>and</u>	npleteADD name: Complete itemDELETE name item 7c1 to be deleted in	Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Char			
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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		7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part	
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information of Change of the Complete for Assignment or Party Information of Change of the Ch		7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part	
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7a. ORGANIZATION'S NAME OR 7b INDIVIDUAL'S SURNAME		7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part	
7a. ORGANIZATION'S NAME		7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL 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		7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	tion Change - provide only <u>one</u> name (		of the Debtor's name)  SUFFIX
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