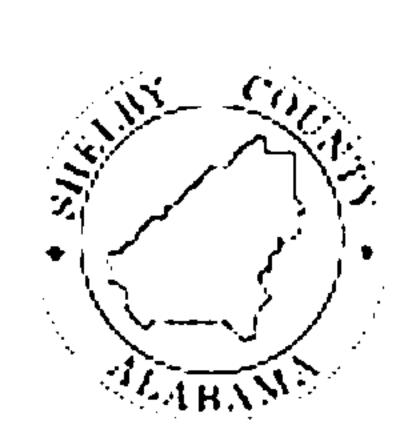
| | | | 10/18/2024 10 UCC7 1/2 | :26:54 AM |
|--|--|--|--|--|
| UCC FINANCING STATEMENT AMEN FOLLOW INSTRUCTIONS | DMENT | | | |
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) David Haight- 941-364-2726 | | | | |
| B. E-MAIL CONTACT AT SUBMITTER (optional) dhaight@shumaker.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| Shumaker, Loop & Kendrick, LLP/G Pitchford, Esquire | | | | |
| P.O. Box 49948, Sarasota, FL 342 | 30-6948 | | | |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION 1a. INITIAL FINANCING STATEMENT FILE NUMBER | | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY [bThis FINANCING STATEMENT AMENDMENT is to be filed [for record] | | |
| 20231205000351500 | | b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13. | | |
| 2. TERMINATION: Effectiveness of the Financing Statement identi | fied above is terminated with resp | ect to the security interest(s) of Se | cured Part(y)(ies) authorizing this Te | ermination Statement |
| 3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and For partial assignment, complete items 7 and 9; check ASSIGN Co. | <u>l</u> address of Assignee in item 7c <u>a</u> llateral box in Item 8 and describe | nd name of Assignor in item 9 the affected collateral in item 8 | | |
| 4. CONTINUATION: Effectiveness of the Financing Statement ide additional period provided by applicable law | ntified above with respect to the s | ecurity interest(s) of Secured Party | authorizing this Continuation Stater | ment is continued for the |
| 5. PARTY INFORMATION CHANGE: | | | | |
| Check <u>one</u> of these two boxes: This Change affects Debtor <u>or</u> Secured Party of record | ND Check <u>one</u> of these three box CHANGE name and/or a item 6a or 6b; <u>and</u> item 7 | | me: Complete item DELETE na , and item 7c to be delete | ame: Give record name ed in item 6a or 6b |
| 6. CURRENT RECORD INFORMATION: Complete for Party Infor | | · · · · · · · · · · · · · · · · · · · | | |
| OR 6b. INDIVIDUAL'S SURNAME | TUDOT DEDOON | A L . N L A B 4 C | ADDITIONAL NAME(S)/INITIAL(S | S) SUFFIX |
| OD. 114DI VIDOAL S GOIXIVAIVIL | FIRST PERSON | | | 5) |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME | r Party Information Change - provide only | one name (7a or 7b) (use exact, full name; | do not omit, modify, or abbreviate any part of | the Debtor's name) |
| OR 7b. INDIVIDUAL'S SURNAME | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | ······································ |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | ····································· | | | SUFFIX |
| 7c. MAILING ADDRESS | CITY | | STATE POSTAL CODE | COUNTRY |
| 8. COLLATERAL CHANGE: Check only one box: | | | RESTATE covered collateral cord is limited to certain collateral and describ | ASSIGN* collateral |
| indicate collateral. | OHOUR TOOKON OOLLY WILL O | ing in the dasigned a porter to differing the re- | COTO TO THIRTICO TO COTTON TO COLOR | |
| Section 4 of the UCC-1 Financing States described on Exhibit "A" attached her | | y amended to dele | ete the real proper | ty |
| described on Exhibit A attached her | CIO. | | | |
| | | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here a | | • | ne of Assignor, if this is an Assignme | nt) |
| The Northern Trust Company, an | Illinois banking co | orporation | | |
| OR 9b. INDIVIDUAL'S SURNAME | FIRST PERSON | AL NAME | ADDITIONAL NAME(S)/INITIAL(S | S) SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA: N00015-285164 | | | | <u> </u> |
| | | | | |

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Exhibit "A"

Lot 1, according to the Survey of Walgreens - Pelham, as recorded in Map Book 23, Page 88, in the Probate Office of Shelby County, Alabama.



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
10/18/2024 10:26:54 AM
\$39.00 PAYGE
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