| UCC FINANCING STATEMENT AMENITIONS  A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)  |  |   |   |                                       |                               |
|---|--|---|---|---------------------------------------|-------------------------------|
| CSC 1-800-858-5294  B. E-MAIL CONTACT AT SUBMITTER (optional)   |  |   |   |                                       |                               |
| SPRFiling@cscglobal.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  |  |   |   |                                       |                               |
| 2989 14655  |  |   |   |                                       |                               |
| CSC<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703   | Filed In: Alabama<br>(Shelby)  |   |   |                                       |                               |
| SEE BELOW FOR SECURED PARTY CONTACT II  | NFORMATION   | THE ABOVE SPACE   | CE IS FOR FILING  | OFFICE USE C                          | NLY                           |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 20231005000297620 10/05/2023  |  | This FINANCING STATEME<br>(or recorded) in the REAL ES  |   |                                       | d]<br>ent Addendum            |
| 2. TERMINATION: Effectiveness of the Financing Statement identifie  | ed above is terminated with resp   | (Form UCC3Ad) <u>and</u> provide<br>ect to the security interest(s) of Secu   |   |                                       | ion Statement                 |
| 3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, <u>and</u> a  | address of Assignee in item 7c a   | nd name of Assignor in item 9   |   |                                       |                               |
| For partial assignment, complete items 7 and 9; check ASSIGN Colla  | ateral box in Item 8 and describe  | the affected collateral in item 8   |   |                                       |                               |
| <ol> <li>CONTINUATION: Effectiveness of the Financing Statement ident<br/>additional period provided by applicable law</li> </ol>   | tified above with respect to the s   | ecurity interest(s) of Secured Party a  | authorizing this Continu  | uation Statement is                   | continued for                 |
| 5. PARTY INFORMATION CHANGE:  | D. Chack and of these three has  | ros to:   |   |                                       |                               |
| Check <u>one</u> of these two boxes:  This Change affects Debtor <u>or</u> Secured Party of record  | D Check <u>one</u> of these three box CHANGE name and/or a item 6a or 6b; <u>and</u> item 7  |   |   | DELETE name: 0<br>to be deleted in it |                               |
| 6a. ORGANIZATION'S NAME   | <u> </u>   | <b></b>   |   |                                       |                               |
|   |  |   |   |                                       |                               |
| OR 6b. INDIVIDUAL'S SURNAME   | FIRST PERSON.  | AL NAME   | ADDITIONAL NAME   | (S)/INITIAL(S)                        | SUFFIX                        |
|   |  | CI  |   |                                       |                               |
| ODEN  | BRANDEN Party Information Change - provide only  |   | not omit, modify, or abbrev   | iate any part of the Deb              | tor's name)                   |
| ODEN  |  |   | not omit, modify, or abbrev   | iate any part of the Deb              | tor's name)                   |
| ODEN 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P 7a. ORGANIZATION'S NAME  |  |   | not omit, modify, or abbrev   | iate any part of the Deb              | tor's name)                   |
| ODEN  ODEN  CHANGED OR ADDED INFORMATION: Complete for Assignment or P  7a. ORGANIZATION'S NAME   |  |   | not omit, modify, or abbrev   | iate any part of the Deb              | tor's name)                   |
| ODEN  ODEN  CHANGED OR ADDED INFORMATION: Complete for Assignment or P  7a. ORGANIZATION'S NAME   |  |   | not omit, modify, or abbrev   | iate any part of the Deb              | tor's name)                   |
| ODEN 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME  |  |   | not omit, modify, or abbrev   | iate any part of the Deb              | tor's name)                   |
| ODEN  CHANGED OR ADDED INFORMATION: Complete for Assignment or P  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   | Party Information Change - provide only  |   |   |                                       | SUFFIX                        |
| ODEN  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  |  |   | not omit, modify, or abbrev   |                                       |                               |
| ODEN  CHANGED OR ADDED INFORMATION: Complete for Assignment or P  Ta. ORGANIZATION'S NAME  Tb. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  C. MAILING ADDRESS   | Party Information Change - provide only  | one name (7a or 7b) (use exact, full name; do   |   | DODE                                  | SUFFIX                        |
| ODEN  CHANGED OR ADDED INFORMATION: Complete for Assignment or P  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  c. MAILING ADDRESS  COLLATERAL CHANGE: Check only one box: Indicate collateral:  | CITY  ADD collateral   | one name (7a or 7b) (use exact, full name; do   | STATE POSTAL C  | CODE A                                | SUFFIX COUNTRY SSIGN* collate |
| CHANGED OR ADDED INFORMATION: Complete for Assignment or P  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  c. MAILING ADDRESS  COLLATERAL CHANGE: Check only one box: Indicate collateral:  See Exhibit A   | CITY  ADD collateral   | DELETE collateral   | STATE POSTAL C  | CODE A                                | SUFFIX COUNTRY SSIGN* collate |
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| ODEN  C. CHANGED OR ADDED INFORMATION: Complete for Assignment or P  Ta. ORGANIZATION'S NAME  Tb. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  C. MAILING ADDRESS  C. COLLATERAL CHANGE: Check only one box: Indicate collateral:  See Exhibit A  The Indebtedness Amount is \$15000   | CITY  ADD collateral  *Check ASSIGN COLLATERAL of  | DELETE collateral Right Right Resignee's power to amend the reco  | STATE POSTAL C ESTATE covered collar rd is limited to certain collate | eral and describe the co              | SUFFIX COUNTRY SSIGN* collate |
| ODEN  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P  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: Check only one box: Indicate collateral:  See Exhibit A  The Indebtedness Amount is \$15000  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and | CITY  ADD collateral  *Check ASSIGN COLLATERAL of provide name of authorizing Design and provide name of authorizing name of authorizing name of authorizing name of authorizi | DELETE collateral Right Right Resignee's power to amend the reco  | STATE POSTAL C ESTATE covered collar rd is limited to certain collate | eral and describe the co              | SUFFIX COUNTRY SSIGN* collat  |
| ODEN  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P  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: Check only one box: Indicate collateral: See Exhibit A  The Indebtedness Amount is \$15000   | CITY  ADD collateral  *Check ASSIGN COLLATERAL of provide name of authorizing Design and provide name of authorizing name of authorizing name of authorizing name of authorizi | DELETE collateral Right Right Report | STATE POSTAL C ESTATE covered collar rd is limited to certain collate | eral and describe the co              | SUFFIX COUNTRY SSIGN* collate |

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS

|                              | INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Ame $023100500029762010/05/2023$ | endment form     | 1                       |  |         |
|------------------------------|--|------------------|-------------------------|--|---------|
| 12.                          | NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on A                                | mendment fo      | orm                     |  |         |
| 12a. ORGANIZATION'S NAME     |  |                  |                         |  |         |
|                              | Advantage Experts Services   |                  |                         |  |         |
|                              | - tartantago Exporto con 11000   |                  |                         |  |         |
|                              |  |                  |                         |  |         |
|                              |  |                  |                         |  |         |
| OR 12b. INDIVIDUAL'S SURNAME |  |                  |                         |  |         |
|                              |  |                  |                         |  |         |
|                              | FIRST DEDCOMAL MANAE   |                  |                         |  |         |
|                              | FIRST PERSONAL NAME  |                  |                         |  |         |
|                              |  |                  |                         |  |         |
|                              | ADDITIONAL NAME(S)/INITIAL(S)  |                  | SUFFIX                  |  |         |
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|                              |  |                  |                         | THE ABOVE SPACE IS FOR FILING OFFICE USE   | UNLY    |
| 13.                          | Name of DEBTOR on related financing statement (Name of a current Debtor of                   |                  |                         |  | de only |
|                              | one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviat        | te any part of   | the Debtor's nam        | e); see Instructions if name does not fit  |         |
|                              | 13a. ORGANIZATION'S NAME   |                  |                         |  |         |
|                              |  |                  |                         |  |         |
| OR                           |  | Tele or ore      |                         | Labbition and the second state of the second s |         |
|                              |  |                  | SONAL NAME              | ADDITIONAL NAME(S)/INITIAL(S) S  | SUFFIX  |
|                              | ODEN   | BRANI            | DEN                     |  |         |
| 1/1                          | ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Col  | lateral) OF      | в Пот                   | HER INFORMATION (Please Describe)  |         |
| 17.                          | ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Col  | iateral) Oi      | ), <u> </u>             | TILIT IIVI OTTIVIATION (Flease Describe)   |         |
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|                              |  |                  |                         |  |         |
| 15.                          | This FINANCING STATEMENT AMENDMENT:  |                  | 17. Desc <u>rip</u> tio | on of real estate:<br>IAT LOT, PIECE OR PARCEL OF LAND,  |         |
|                              | covers timber to be cut covers as-extracted collateral is filed as                           | a fixture filing |                         |  |         |
| 16                           | Name and address of a RECORD OWNER of real estate described in item 17                       | a lixtare liliti | <del>"</del> ∣ SITUA⁻   | TE IN THE CITY OF STERRETT, COUNT  | TY OF   |
|                              |  |                  |                         | Y, STATE OF ALABAMA, BEING KNOW  |         |
| BF                           | (if Debtor does not have a record interest):<br>RANDEN ODEN                                  |                  |                         |  |         |
|                              | 37 BEAR CREEK RD   |                  | DESIG                   | NATED AS COM NW COR SE1/4 NE1/4  | \$700   |
|                              |  |                  | TO NW                   | ROW CO HWY 43 NELY ALG ROW335  | TO      |
| S                            | ERRETT AL 35147  |                  |                         | WLY150 NE130 SE150 TO N ROW SD F   |         |
|                              |  |                  |                         |  | IOVV    |
|                              |  |                  | SWLY1                   | 30 TO POB  |         |
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| 18.                          | MISCELLANEOUS:   |                  |                         |  |         |
|                              |  |                  |                         |  |         |
|                              |  |                  |                         |  |         |

## **EXHIBIT A**

The following described property as set forth in that certain HVAC RENTAL AGREEMENT dated 8/30/2023, by and between Service Experts Heating & Air Conditioning LLC and the Debtor: A GOODMAN packaged unit, Model # GPHM53641 (Serial # 2212121215), whether now owned or hereafter acquired, together with all replacements thereof, all attachments, accessories, parts and tools belonging thereto or for use in connection therewith; and any and all products and proceeds of any of the foregoing (including, but not limited to, any claims to any items referred to in this definition, and any claims of Debtor against third parties for loss of, damage to or destruction of any or all of the collateral or for proceeds payable under, or unearned premiums with respect to, policies of insurance) in whatever form, including, but not limited to, all cash, interest, principal, royalties, license fees, rents, dividends, negotiable instruments and other instruments for the payment of money, chattel paper, security agreements and other documents or other property from time to time received, receivable or otherwise distributed in respect of, or in exchange for, the collateral. Said collateral is located at address:

4237 BEAR CREEK RD, STERRETT, AL 35147

THIS FILING IS MADE FOR NOTICE PURPOSES ONLY. THE DEBTOR HAS NO OWNERSHIP RIGHTS IN THE COLLATERAL.

THE DEBTOR IS LEASING THE COLLATERAL.



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
01/02/2025 09:39:47 AM
\$.00 BRITTANI

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