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CC FINANCING STATEMENT AMEN	NDMEN.	T		•	•		
NAME & PHONE OF CONTACT AT SUBMITTER (optional Rhonda Morris					•		
E-MAIL CONTACT AT SUBMITTER (optional)	<u>;</u>						
rhonda.morris@protective.com	! `_						,
SEND ACKNOWLEDGMENT TO: (Name and Address)	· ·						
Protective Life Insurance Company	i :	:					
ATTN: Investment Dept P.O. Box 11289				202501	15000014340 1	/2 \$39.00	3
Birmingham, Alabama 35282-8182	•			01/15/2	Cnty Judge o 2025 11:04:02	AM FILED)/CERT
SEE BELOW FOR SECURED PARTY CONTAC	CT INFORMAT	ION			R FILING OFFICE		_
a. INITIAL FINANCING STATEMENT FILE NUMBER] }		1b. This FINANCING ST. (or recorded) in the F	ATEMENT AMEND LEAL ESTATE REC	ORDS. Filer: attach	or records Amendment Ac	ddendum
0150326000095770 Filed 3/26/15			(Form UCC3Ad) and			Termination St	tatement
TERMINATION: Effectiveness of the Financing Statement ide	entified above is to	erminated with re	spect to the security interest(s)	of Secured Part(y	(les) aumorizing triis	Termination St	alenient
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, 3 For partial assignment, complete items 7 and 9; check ASSIGN	and address of As Collateral box in	ssignee in item 70 Item 8 and descr	and name of Assignor in item ibe the affected collateral in ite	9 n 8 			
CONTINUATION: Effectiveness of the Financing Statement additional period provided by applicable law	identified above v	with respect to the	e security interest(s) of Secured	l Party authorizing	this Continuation Sta	tement is conti	inued for the
PARTY INFORMATION CHANGE:							
Check one of these two boxes:	AND Check on	<u>e</u> of these three ! NGE name and/o	poxes to: or address: Complete [===] Al	DD name: Comple	te itemDELETE	name: Give r	record name
This Change affects Debtor or Secured Party of record				or 7b, <u>and</u> item 7	c to be de	leted in item 6a	a 01 6b
CURRENT RECORD INFORMATION: Complete for Party In	nțormation Chang	e - provide only <u>c</u>	name (oa or ob)	<u>. </u>		 _	
6a. ORGANIZATION'S NAME	1.		\		•	•	1
6b. INDIVIDUAL'S SURNAME	· .	FIRST PERSO	ONAL NAME	ADDITIO	NAL NAME(S)/INITIA	L(S) SL	JFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment	·.	n Change - provide o	nly one name (7a or 7b) (use exact, fu	name: do not omit, m	odify, or abbreviate any par	t of the Debtor's n	name)
7. CHANGED OR ADDED INFORMATION. Complete to Assigning							
	•	-					
7b. INDIVIDUAL'S SURNAME		•			-		
INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>						
	;	J	• 			 - Lai	TEELV.
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	,		•	•		St	UFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	C	OUNTRY
, MAILING ADDITEOU	• 		<u>-</u>			THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE S	
8. COLLATERAL CHANGE: Check only one box:	174.52.2	DD collateral	DELETE collateral		overed collateral		GN* collater
indicate collateral:	*Check	ASSIGN COLLATER	AL only if the assignee's power to ame	nd the record is limited	to certain collateral and de	scribe the collater	al III Section o
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	1) 1; 1; 1; 1; 1; 1; 1; 1; 1; 1; 1; 1; 1;		•	-	-	•	
9. NAME OF SECURED PARTY OF RECORD AUTHOR	RIZING THIS A	MENDMENT:	Provide only <u>one</u> name (9a or 9	b) (name of Assig	nor, if this is an Assign	nment)	
If this is an Amendment authorized by a DEBTOR, check here	RIZING THIS, A	MENDMENT:	Provide only <u>one</u> name (9a or 9 ng Debtor	b) (name of Assig	nor, if this is an Assign	nment)	
If this is an Amendment authorized by a DEBTOR, check here 9a. ORGANIZATION'S NAME	RIZING THIS A and provide n	MENDMENT:	Provide only <u>one</u> name (9a or 9 ng Debtor	_,*	•		
If this is an Amendment authorized by a DEBTOR, check here	RIZING THIS A and provide n	ame of authorizir	Provide only <u>one</u> name (9a or 9 ng Debtor SONAL NAME	_,*	nor, if this is an Assign		SUFFIX
9a. ORGANIZATION'S NAME Protective Life Insurance Company OR 9b. INDIVIDUAL'S SURNAME	RIZING THIS A and provide n	ame of authorizir	ng Debtor	_,*	•		SUFFIX
If this is an Amendment authorized by a DEBTOR, check here 9a. ORGANIZATION'S NAME Protective Life Insurance Company	and provide n	FIRST PERS	SONAL NAME	_,*	•		SUFFIX

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

50326000095770 Filed 3/26/15				•					
NAME OF PARTY AUTHORIZING THIS AM	ENDMENT: San	ne as item 9 on A	Amendment for	n			_		
12a. ORGANIZATION'S NAME			<u>-</u>				•	•	
Protective Life Insurance Com	pany	!				· · · · · · · · · · · · · · · · · · ·		·	
				,					
12b, INDIVIDUAL'S SURNAME		-				20250	1150000143	340 2/2 s	39.00
			<u>.</u>			91/15	y Cnty Jud /2025 11:0	ge of Pr 04:02.AM	obate, AL FILED/CER
FIRST PERSONAL NAME	•					•			
ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX					
•					THEABC	VE SPACE IS	FOR FILING	OFFICE U	SE ONLY
Name of DEBTOR on related financing state one Debtor name (13a or 13b) (use exact, full name	tement (Name of a	a current Debtor	of record requir	ed for indexing	purposes only in s	ome filing offices	s - see Instruction ot fit	n item 13): Pr	ovide only
13a, ORGANIZATION'S NAME									
Highway 11/31 LLC	•				•	•			•
13b. INDIVIDUAL'S SURNAME			FIRST PERS	ONAL NAME		ADDITION	IAL NAME(S)/IN	ITIAL(S)	SUFFIX
		, <u> </u>					<u> 1-</u>		
ADDITIONAL SPACE FOR (CHECK ONE E	BOX):	ITEM 8 (Co	liateral) OR	✓ OT	HER INFORMA	TION (Please	Describe)	r	
To Be Filed In Real Estate Rec	do								
•	connection	with the re	ecordatio	n of Mortg	•	326000095	5750, in tha	at office.	
•	connection	with the re	ecordatio	n of Mortg	gage #20150	326000095	5750, in tha	at office.	
•	connection	with the re	ecordatio	n of Mortg	gage #20150	326000095	5750, in tha	at office.	
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	connection	with the re	ecordatio	n of Mortg	gage #20150	326000095	5750, in tha	at office.	
	connection	with the re	ecordatio	17. Descript	gage #20150	326000095	5750, in tha	at office.	
This FINANCING STATEMENT AMENDMENT:	xtracted collateral	with the re	ecordatio	17. Descript	gage #20150	326000095	5750, in tha	at office.	
This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-ex Name and address of a RECORD OWNER of real	xtracted collateral	with the re	ecordatio	17. Descript	gage #20150	326000095	5750, in tha	at office.	
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