20250314000077130 03/14/2025 09:32:25 AM UCC6 1/1

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS	AIT IA I				
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)			File	d and Recorded	
3071 30371		Septiment Control of the Control of	Jud Clei		abama, County
CSC 801 Adlai Stevenson Drive			03/1	by County, AL 4/2025 09:32:25 AM PAYGE	
Springfield, IL 62703	Filed In: Alabama (Shelby)	AAHAM?	•	50314000077130	alli 5.
SEE BELOW FOR SECURED PARTY CONTACT INF	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20061115000558490 11/15/2006		1b. 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 identified above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination St					
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and add For partial assignment, complete items 7 and 9; check ASSIGN Collater	-	-	3		
4. CONTINUATION: Effectiveness of the Financing Statement identifie additional period provided by applicable law	d above with respect to the s	ecurity interest(s) of Secured P	arty authorizing	this Continuation Stateme	nt is continued for the
5. PARTY INFORMATION CHANGE:					
	Check <u>one</u> of these three box	ces to:			
This Change affects Debtor or Secured Party of record Secured Party of record and or 6b; and item 7a or 7b and item 7c ADD name: Complete item DELETE name: Give record name This Change affects Debtor or Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c					
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME EXECUTIVE REAL ESTA		•			
OR 6b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provide only	one name (7a or 7b) (use exact, full na	me; do not omit, m	odify, or abbreviate any part of the	Debtor's name)
7a. ORGANIZATION'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:	ADD collateral	DELETE collateral	RESTATE o	overed collateral	ASSIGN* collateral
Indicate collateral:	<u> </u>	nly if the assignee's power to amend th			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING T	HIS AMENDMENT: Prov	ide only one name (9a or 9b) (r	name of Assign	or. if this is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here and pr				,	
9a. ORGANIZATION'S NAME SERVISFIRST BANK					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: BillingRef2 - 555	7				3071 3037