

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

| |
|--|
| 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) 3411 12808 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 |

Filed In: Alabama
(Shelby)

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | |
|--|---|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 20250916000281870 09/16/2025 | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> 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 Statement

3. **ASSIGNMENT:** Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8

4. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. **PARTY INFORMATION CHANGE:**
Check one of these two boxes: Debtor or Secured Party of record **AND** Check one of these three boxes to:
 CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item 7a or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME | | | | |
| OR | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | FULLER | JAN | | |

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or 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)

| | | | | |
|-------------------------|--|---------------------|-------------------------------|--------|
| 7a. ORGANIZATION'S NAME | | | | |
| OR | 7b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | | | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | |

| | | | | |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | |

8. **COLLATERAL CHANGE:** Check only one box: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN* collateral
Indicate collateral: *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8

See Exhibit A

The Indebtedness Amount is \$20,198

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

| | | | | |
|-------------------------|-----------------------------------|---------------------|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME | Advantage Experts Services | | | |
| OR | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | |

10. **OPTIONAL FILER REFERENCE DATA:**

3411 12808

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

| | |
|---|---|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 20250916000281870 09/16/2025 | |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form | |
| 12a. ORGANIZATION'S NAME Advantage Experts Services | |
| OR | 12b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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| | | | |
|---|---------------------------|---------------------|-------------------------------|
| 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only <u>one</u> Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit | | | |
| 13a. ORGANIZATION'S NAME | | | |
| OR | 13b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |
| | FULLER | JAN | |

14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral) OR OTHER INFORMATION (Please Describe)15. This FINANCING STATEMENT AMENDMENT:
 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

(if Debtor does not have a record interest):

**JAN FULLER
233 SILVER CREEK
PARKWAY, ALABASTER AL 35007**

17. Description of real estate:

**ALL THAT LOT, PIECE OR PARCEL OF LAND,
SITUATE IN THE CITY OF ALABASTER, COUNTY OF
SHELBY, STATE OF ALABAMA, BEING KNOWN AND
DESIGNATED AS LOT 10, SILVER CREEK SECTOR 1
SUBDIVISION.
PARCEL ID# 23 7 26 0 008 003.000**

18. MISCELLANEOUS:

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|---|-------------------------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294 | |
| B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFilina@cscallobal.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | |
| <div style="border: 1px solid black; padding: 5px;"> 3222 51960 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 </div> | Filed In: Alabama (Shelby) |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|----|---|-----------------------------------|-------------------------------|-----------------------------|
| OR | 1a. ORGANIZATION'S NAME | | | |
| | 1b. INDIVIDUAL'S SURNAME FULLER | FIRST PERSONAL NAME JAN | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | 1c. MAILING ADDRESS 233 SILVER CREEK PARKWAY | CITY ALABASTER | STATE AL | POSTAL CODE 35007 |
| | | | COUNTRY USA | |

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|----|--------------------------|---------------------|-------------------------------|-------------|
| OR | 2a. ORGANIZATION'S NAME | | | |
| | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | 2c. MAILING ADDRESS | CITY | STATE | POSTAL CODE |
| | | | | COUNTRY |

3. **SECURED PARTY'S NAME** (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|----|--|---------------------------|-------------------------------|-----------------------------|
| OR | 3a. ORGANIZATION'S NAME Advantage Experts Services | | | |
| | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | 3c. MAILING ADDRESS 3400 N Central Expv. Ste 410 | CITY Richardson | STATE TX | POSTAL CODE 75080 |
| | | | COUNTRY USA | |

4. **COLLATERAL:** This financing statement covers the following collateral:

See Exhibit A

The Indebtedness Amount is \$20,198

| | |
|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser | |

8. OPTIONAL FILER REFERENCE DATA:

3222 51960

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

| | |
|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME | |
| | |
| OR | |
| 9b. INDIVIDUAL'S SURNAME | |
| FULLER | |
| FIRST PERSONAL NAME | |
| JAN | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

| | | | | |
|--|------|-------|-------------|---------|
| 10a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 10b. INDIVIDUAL'S SURNAME | | | | |
| | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | |
| | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | SUFFIX |
| | | | | |
| 10c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | |

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

| | | | | |
|---------------------------|------|---------------------|-------------------------------|---------|
| 11a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 11b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | |
| 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

JAN FULLER
233 SILVER CREEK PKWY
ALABASTER, AL 35007

16. Description of real estate:

ALL THAT LOT, PIECE OR PARCEL OF LAND, SITUATE IN THE CITY OF ALABASTER, COUNTY OF SHELBY, STATE OF ALABAMA, BEING KNOWN AND DESIGNATED AS LOT 10, SILVER CREEK SECTOR 1 SUBDIVISION.
PARCEL ID# 23 7 26 0 008 003.000

17. MISCELLANEOUS:

EXHIBIT A

The following described property as set forth in that certain HVAC RENTAL AGREEMENT dated 08/22/2025, by and between Service Experts Heating & Air Conditioning LLC and the Debtor: A LENNOX HEAT PUMP, Model # EL16KP1-036-230A01 (Serial # 5825E08488) and a LENNOX AIR HANDLER, Model # CBK45UHVT-036-230-71 (Serial # 1725H20267) and another contract dated 08/20/2024, a FRESHAIRE IAQ, Model # TUV-BTER2(Serial # BT240117-526492), 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. Applicable to present and future equipment acquired. Said collateral is located at address:

233 SILVER CREEK PARKWAY

ALABASTER AL 35007

THIS FILING IS MADE FOR NOTICE PURPOSES ONLY. THE DEBTOR HAS NO OWNERSHIP RIGHTS IN THE COLLATERAL UNLESS THE RENTAL AGREEMENT HAS FORMALLY BEEN TERMINATED. THE DEBTOR IS LEASING THE COLLATERAL.

20250916000281870
09/16/2025 10:46:37 AM
UCC1 1/3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|---|-------------------------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294 | |
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| | | | | | |
|---|---|--------------------------|-----------------------------------|-------------------------------|-----------------------|
| 1a. ORGANIZATION'S NAME | | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME FULLER | | FIRST PERSONAL NAME JAN | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 233 SILVER CREEK PARKWAY | | CITY ALABASTER | STATE AL | POSTAL CODE 35007 | COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|-------------------------|--------------------------|------|---------------------|-------------------------------|---------|
| 2a. ORGANIZATION'S NAME | | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |

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| | | | | | |
|---|--------------------------|---------------------------|---------------------|-------------------------------|-----------------------|
| 3a. ORGANIZATION'S NAME Advantage Experts Services | | | | | |
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| | |
|---|--|
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| <input type="checkbox"/> A Debtor is a Transmitting Utility | <input type="checkbox"/> Agricultural Lien |
| <input type="checkbox"/> Non-UCC Filing | |
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3222 51960

UCC FINANCING STATEMENT ADDENDUM

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| | | |
|-------------------------------|--------------------------|--------|
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| | | | | | |
|--|---------------------------|------|-------|-------------|---------|
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| | 10b. INDIVIDUAL'S SURNAME | | | | |
| | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | SUFFIX | |
| | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | |
| 10c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |

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PARCEL ID# 23 7 26 0 008 003.000

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233 SILVER CREEK PARKWAY

ALABASTER AL 35007

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Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
09/16/2025 10:46:37 AM
\$71.30 PAYGE
20250916000281870

Allen S. Bayl



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
04/02/2026 09:10:49 AM
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20260402000096180

Allen S. Bayl