ICC FINANCING STATEMENT AMEN					
	NDMENT				
NAME 8 PHONE OF CONTACT AT FILER (optional) Pat Sumrall (863) 607-9500		1			
I. E-MAIL CONTACT AT FILER (optional)		1			
patricia.sumrall@agamerica.com					
SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
AGAMERICA LENDING					
4030 S PIPKIN ROAD	•				
LAKELAND, FL 33811					
	1				
L		THE ABOV	E SPACE IS FOI	R FILING OFFICE USE (ONLY
INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING	STATEMENT AND	NDMENT is to be filed (for	
201912060132		(or recorded) in th	e REAL ESTATE F	RECORDS 11 UCC3Ad) <u>and</u> provide Debto	
TERMINATION: Effectiveness of the Financing Statemen: Statement	identified above is ferminated v	with respect to the security	interest(s) of Sec	ured Pany authorizing this	Termineliën
	a ham 2a as 2h and address s	f Annianas in item 7a and	name of Assistance	in Num O	
ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment complete items 7 and 9 and also inco	icale affected collateral in item	ньээциее и петите <u>али</u>	name ur Assigner	n acili 9	
CONTINUATION: Effectiveness of the Financing Statemation for the additional period provided by applicable tax		to the security interest(s)	of Secured Pany	authorizing this Continuatio	n Statement is
PARTY INFORMATION CHANGE:					
_	AND Check one of these three b	oxes to:			
This Change affects Debter or Secured Party of record	CHANGE name and/or item 6a or 6b and item	address: Complete 7a or 7b <u>and</u> item 7c 7	DC name: Complet a or 70, <u>and</u> item 7c	le item DELETE namo; to be deleted in r	Give record nar tem 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party In	nformation Change - provide only	one name (6a or 6b)			
6a, ORGANIZATION'S NAME					
R 65. INDIVIDUAL'S SURNAME	FIRST PERSON	WI MANE	LACOUTION	11. h 1447-017bi(Tin-iO)	SUFFIX
GU. HYUNNIDOAL G SUATIAME	FINGI FERGUI	AL IVANIE	ADDITIONAL NAME(SYINITIAL(S) SUFFIX		SUPPLA
CHANGED OR ADDED INFORMATION: Complete for Assignment	et at Pary Information Channe - provide	nely mea manne (7 s or 7hi (150 ex:	art ful name do not not	At Minnife of althoughts are met of	the Dentor's name
7a, ORGANIZATION'S NAME	ne o racy management or origin provide	(a) <u>(a)</u> man (b () () () ()	14, pr (6,00, 9) (6, 40)	a, mony, or position only part of	an occio o inic
R					
75. INDIVIDUAL'S SURNAME				_	
INDIVIDUAL'S FIRST PERSONAL NAME					
					Terical
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INTIAL(S)					SUFFIX
	[ατγ		STATE	POSTAL CODE	SUFFIX

International Association of Commercial Administrators (IACA)

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