		20	19028866 001	26
UCC FINANCING STATEMENT AMENDMENT	r	PRESE	SYTH CO, NC FEE \$45.00 NTED & RECORDED:	
FOLLOW INSTRUCTIONS	•		24-2019 02:49:24 PN ve johnson	Λ
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141		REGIST	TER OF DEEDS ANDRA YOUNG	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.co	ım		(: RE 3472	
	& T - MASTER	PG	S: 3407-3409	
	05315			
P.O. Box 29071	·			
Glendale, CA 91209-9071	URE 1			
		THE AROVE SDA	CE IS FOR FILING OFFICE US	SE ONLY
File with: Forsyth, NC 1a. INITIAL FINANCING STATEMENT FILE NUMBER	<u> </u>		MENT AMENDMENT is to be filed [f	
2014033100 00058 BK-RE3196 PG-1170 9/11/2014 CC		Filer: attach Amendment Add	endum (Form UCC3Ad) <u>and</u> provide Debi	
2. TERMINATION: Effectiveness of the Financing Statement identified abore Statement	ve is terminated wit	h respect to the security interest(s)	or Secured Party authorizing this Ti	911milauO11
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affects	b, <u>and</u> address of A ed collateral in item	ssignee in item 7c <u>and</u> name of As 8	ssignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	sove with respect to	the security interest(s) of Secured	Party authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	one of these three bo ANGE name and/or	address: Complete ADD nam	e: Complete item DELETE name and item 7c DELete name	: Give record name
This Change affects Debtor or Secured Party of record Ite 6. CURRENT RECORD INFORMATION: Complete for Party Information Change				
6a. ORGANIZATION'S NAME WALEX APPANAITIS OD PA				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	n Change - provide only	one name (7a or 7b) (use exact, full name;	do not omit, modify, or abbreviate any part of	he Debtor's name)
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S SURNAME				<u> </u>
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)				SUFFIX
- NAME ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
7c. MAILING ADDRESS				
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
FIXT	URES	tion !	iauation	
- 45%	A1176	Con		
				<u> </u>
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and prov and prov	AMENDMENT: I		name of Assignor, if this is an Assign	ment)
9a, ORGANIZATION'S NAME	or warron			·
BRANCH BANKING AND TRUST COMPANY OR 99, INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
SU. INDIVIDUAL S SURVAME	1 , 2 ,			
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: W ALEX A	PPANAITIS OD	PA	6	
70905315 6049101			Commercial	

4033100 00058 BK-RE3196 PG-1170 9/11	720 14 00 140 1 010 Jul				
NAME OF PARTY AUTHORIZING THIS AMENDMENT: Sam					
128. ORGANIZATION'S NAME BRANCH BANKING AND TRUST COMPA	NY				
12b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
FIRST PERSONAL INVIIIE					
ADDITIONAL NAME(S)INITIAL(S)		SUFFIX		EIS FOR FILING OFFICE U	
Name of DEBTOR on related financing statement (Name of a one Debtor name (13a or 13b) (use exact, full name; do not one of the control of the	current Debtor of record require mit, modify, or abbreviate any pa	d for indexing purp art of the Debtor's	oses only in some filing name); see Instruction	g offices - see Instruction iter s if name does not fit	n 13): Provid
139. ORGANIZATION'S NAME W ALEX APPANAITIS OD PA	-				
T WY ALF & APPANALIA LILEY					
ADDITIONAL SPACE FOR ITEM 8 (Collateral): stor Name and Address: ALEX APPANAITIS OD PA - 312 SONATA DR , L				ITIONAL NAME(SYINITIAL(S)	SUFFIX
ADDITIONAL SPACE FOR ITEM 8 (Collateral): stor Name and Address: ALEX APPANAITIS OD PA - 312 SONATA DR , L	EWISVILLE, NC 27023			ITIONAL NAME(SYINITIAL(S)	SUFFIX
ADDITIONAL SPACE FOR ITEM 8 (Collateral): stor Name and Address: ALEX APPANAITIS OD PA - 312 SONATA DR , Li sured Party Name and Address: ANCH BANKING AND TRUST COMPANY - 110 S	EWISVILLE, NC 27023		EM, NC 27104	ITIONAL NAME(S)INITIAL(S)	SUFFIX
This FINANCING STATEMENT AMENDMENT: covers timber to be cut	EWISVILLE, NC 27023 S STRATFORD RD FL 2 , 1	WINSTON SAL	of real estate:		SUFFIX

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

6049101 Commercial

File with: Forsyth, NC

BRANCH BANKING AND TRUST

18. MISCELLANEOUS: 70905315-NC-67 9418 - BB & T - MASTER NC

Exhibit "A" to BB&T UCC Financing Statement W Alex Appanaitis OD PA Loan # Privacy Reduction

BEIDIG ENOWN AND DESIGNATED as Let Number 2 as shown on the hop of SHALLOWFORD LAKES, SECTION 2, as recorded in Pint Scot. 21, Page 112 in the Office of the Register of Doods of Foreyth County, North Carolina, sederance to which is introby sends for a more particular description.

STAMP ADDED TO CAPTURE IMAGE