

Shelby Cnty Judge of Probate: AL 08/09/2017 11 12:19 AM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional) FAYE SMITH 334-564-1962						
B. E-MAIL CONTACT AT FILER (optional)						
C. CEND ACKNOWN EDCHENT TO (None and Address)						
C. SEND ACKNOWLEDGMENT TO (Name and Address)						
FKA FIRST UNITED SECURITY BANK	l					
131 WEST FRONT STREET						
PO BOX 249						
THOMASVILLE, AL 36784						
1a. INITIAL FINANCING STATEMENT FILE NUMBER				NOMENT is to be file	—	
20160629000226980		(or recorded) in the	REAL ESTATE R	ECORDS	le Debtor's name in item 13	
2. TERMINATION: Effectiveness of the Financing Statement identified a Statement	bove is terminated		·			
ASSIGNMENT (full or partial) Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affected.		_	name of Assignor i	in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respe	ct to the security interest(s)	of Secured Party	authorizing this Con	tinuation Statement is	
5. PARTY INFORMATION CHANGE:		<u></u>				
Check one of these two boxes AND Check	one of these three		OD name: Complet	e item OFLETE	name: Give record name	
			DD name: Complet or 7b, <u>and</u> item 7c		eted in item 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party Information Cl 6a. ORGANIZATION'S NAME	hange - provide onl	y <u>one</u> name (6a or 6b)				
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Infor	rmation Change - provid	e only <u>one</u> name (7a or 7b) (use exa	ct, full name; do not om	It, modify, or abbreviate a	ny part of the Debtor's name)	
7a. ORGANIZATION'S NAME		<u> </u>				
OR 76 INDIVIDUAL'S SURNAME						
TO HABITATORE O SOUTHAINE						
INDIVIDUAL'S FIRST PERSONAL NAME	<u>. </u>					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
7c MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
e COLLATERAL CHANCE: Also short and attended four house	ADD collateral	DELETE colleteral	PESTATE	overed collateral	A\$SIGN collateral	
8. COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes	ADD CONSTENS	DECETE CONSTRUE	☐ KESTATE α	Acted Countain	A\$\$IGN CONSTRIB	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provide	AMENDMENT:		r 9b) (name of Ass	ignor, if this is an As	signment)	
98. ORGANIZATION'S NAME						
FIRST UNITED SECURITY BANK NK.	A FIRST U	JS BANK				
96. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITION	IAL NAME(\$)/INITIA	L(S) SUFFIX	

860004570-ENCORE RETAIL BPTC, LLC--DAVID MCCULLUM---BIRMINGHAM BR