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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) TIFFANY MCVAY 334-564-2861 B. E-MAIL CONTACT AT FILER (optional)

20161027000395410 1/1 \$.00
Shelby Cnty Judge of Probate, AL
10/27/2016 12:28:27 PM FILED/CERT

B. L-WIAIL CONTACT AT TILLIN (Optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
FIRST US BANK FKA FIRST UNITED SECURITY BANK					
131 WEST FRONT STREET PO BOX 249					
THOMASVILLE, AL 36784	1				
		THE ABOVE SP	ACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20150514000160230		──── (or recorded) in the RE/	AL ESTATE F	NDMENT is to be filed [for in RECORDS or in the control of the con	
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	re is terminated v	vith respect to the security inte	est(s) of Sec	cured Party authorizing this	Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 70 For partial assignment, complete items 7 and 9 and also indicate affected of	b, <u>and</u> address of collateral in item i	f Assignee in item 7c <u>and</u> name 8	of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law	ove with respect	to the security interest(s) of S	ecured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	<u>e</u> of these three bo NGE name and/or a	oxes to: address: Complete ADD n 7a or 7b <u>and</u> item 7c 7a or 7	ame: Comple	te itemDELETE name:	Give record name
			b, <u>and</u> item 7	to be deleted in i	tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Chan 6a. ORGANIZATION'S NAME	ge - provide only	one name (6a or 6b)			
S B DEV. CORP					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	tion Change - provide	only <u>one</u> name (7a or 7b) (use exact, ful	name; do not or	nit, modify, or abbreviate any part of	f the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME	<u></u>			· · · · · · · · · · · · · · · · · · ·	
7 D. INDIVIDOAL S SURINAINE					
INDIVIDUAL'S FIRST PERSONAL NAME			<u>-</u>		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u> </u>				SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADI	D collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral:					

9. N	NAME OF SECURED PARTY OF RECORD AUTHO f this is an Amendment authorized by a DEBTOR, check here	RIZING THIS AMENDMENT: Provide only <u>one</u> name (9a) and provide name of authorizing Debtor	or 9b) (name of Assignor, if this is an Assignme	:nt)
	9a. ORGANIZATION'S NAME FIRST UNITED SECURITY BA	NK NKA FIRST US BANK		
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

860003534--S B DEV. CORP.---MATT MORRIS--CALERA OFFICE