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UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Shauna Jackson (256) 280-9203
B. E-MAIL CONTACT AT FILER (optional) Sjackson@myprogressbank.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Progress Bank and Trust PO Box 1905 Decatur, AL 35602



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County Clerk
Shelby County, AL
02/17/2022 01:52:01 PM
\$00 BRITTANI
20220217000069960

Alvin S. Byrd

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 20210804000377740 1/2	1b. ☐ 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 Party authorizing this Termination Statement																		
3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate 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 <u>one</u> of these two boxes: ☐ Debtor <u>or</u> ☐ Secured Party of record AND Check <u>one</u> of these three boxes to: ☐ CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c ☐ ADD name: Complete item 7a or 7b, <u>and</u> 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 <u>one</u> name (6a or 6b)																		
<table><tr><td rowspan="2">OR</td><td>6a. ORGANIZATION'S NAME Newcastle Construction, Inc</td><td colspan="3"></td></tr><tr><td>6b. INDIVIDUAL'S SURNAME</td><td>FIRST PERSONAL NAME</td><td>ADDITIONAL NAME(S)/INITIAL(S)</td><td>SUFFIX</td></tr></table>		OR	6a. ORGANIZATION'S NAME Newcastle Construction, Inc				6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)																		
<table><tr><td rowspan="4">OR</td><td>7a. ORGANIZATION'S NAME</td><td colspan="3"></td></tr><tr><td>7b. INDIVIDUAL'S SURNAME</td><td colspan="3"></td></tr><tr><td>INDIVIDUAL'S FIRST PERSONAL NAME</td><td colspan="3"></td></tr><tr><td>INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td><td colspan="3">SUFFIX</td></tr></table>		OR	7a. ORGANIZATION'S NAME				7b. INDIVIDUAL'S SURNAME				INDIVIDUAL'S FIRST PERSONAL NAME				INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
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7c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY													
8. ☐ COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral Indicate collateral: All Accounts Receivables, Chattel Paper, Equipment, Fixtures, General Intangibles, Inventory, Investment Property, Instruments, and Deposit Accounts; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds)																		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> 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																		
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10. OPTIONAL FILER REFERENCE DATA: 9002171300																		