20220419000161450 04/19/2022 03.51.12 PM

UCC FINANCING STATEMENT AMENDMEN' FOLLOW INSTRUCTIONS	T			CC6 1/1).J1.1	. Z 1 1V1
A. NAME & PHONE OF CONTACT AT FILER (optional) 256-280-9191						
B. E-MAIL CONTACT AT FILER (optional) lcarpenter@myprogressbank.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Progress Bank & Trust 255 Grant Street Decatur, AL 35601 USA		J. A.H.N.N.S	Clerk Shelby Cour 04/19/2022 0 \$.00 JOANN 20220419000	lic Records bate, Shelby County ity, AL 3:51:12 PM 1 0161450		ae.
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING S	TATEMENT AM	ENDMENT is to be fil		
20201022000480570 2. TERMINATION: Effectiveness of the Financing Statement identified above	o is terminated		ent Addendum (Fo	rm UCC3Ad) <u>and</u> provid		
Statement	re is terminated	with respect to the security	iliteresi(s) or se	cured Farty authorizi	ng uns re	illillauoli
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7l For partial assignment, complete items 7 and 9 and also indicate affected of			ame of Assignor	in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement identified abcontinued for the additional period provided by applicable law	ove with respec	t to the security interest(s)	of Secured Party	authorizing this Con	tinuation	Statement is
This Change affects Debtor or Secured Party of record item 6 6. CURRENT RECORD INFORMATION: Complete for Party Information Chan		address: Complete 7a or 7b <u>and</u> item 7c 7a	DD name: Comple or 7b, <u>and</u> item 7	ete item DELETE 'c to be dele		/e record name n 6a or 6b
6a. ORGANIZATION'S NAME						
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIA	L(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat 7a. ORGANIZATION'S NAME Newcastle Construction Inc 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	ion Change - provide	only <u>one</u> name (7a or 7b) (use exac	t, full name; do not o	mit, modify, or abbreviate a		SUFFIX
7c. MAILING ADDRESS 121 Bishop Circle	Pelhan		STATE	35124		COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADE Indicate collateral:	Collateral	DELETE collateral	RESTATE	covered collateral	ASS	SIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI If this is an Amendment authorized by a DEBTOR, check here and provide response of the provided of the thick of the thi	MENDMENT: name of authoriz	•	r 9b) (name of As	signor, if this is an As	signment)	
Progress Bank & Trust						
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIA	L(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Nove Coastle Coast 0001950200	•					

New Castle Const 9001850200