ICC CINIANICINIC CTATEMENT ARA				
ICC FINANCING STATEMENT AM OLLOW INSTRUCTIONS	CIADIMEIAI			
A. NAME & PHONE OF CONTACT AT FILER (optional)				
Prepared by: Kristen Fite (662)620-3496	<u></u>			
R. E-MAIL CONTACT AT FILER (optional) kristen.fite@cadencebank.com				
SEND ACKNOWLEDGMENT TO: (Name and Addre	ess)	-		
	7			
Cadence Bank			20221208000445600 1/	1 \$39.00
P O Box 4360 Tupelo, MS 38803			Shelby Cnty Judge of 12/08/2022 11:14:07	
1	1			
		THE ABOVE SPA	CE IS FOR FILING OFFICE US	E ONLY
a. INITIAL FINANCING STATEMENT FILE NUMBER 20080509000191670		(or recorded) in the REAL	MENT AMENDMENT is to be filed [f ESTATE RECORDS dendum (Form UCC3Ad) <u>and</u> provide De	-
TERMINATION: Effectiveness of the Financing States Statement	ment identified above is terminated	with respect to the security interes	st(s) of Secured Party authorizing the	ois Termination
ASSIGNMENT (full or partial): Provide name of Assignment, complete items 7 and 9 and also			of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable		t to the security interest(s) of Sec	ured Party authorizing this Continu	ation Statement is
PARTY INFORMATION CHANGE:	و المراجع المر			
Check one of these two boxes:	AND Check one of these three b			e. Give recordiname
This Change affects Debtor or Secured Party of record	والمستان المساب المسابق والمسابق والمستقدمة والمستقدمة والمستقدمة والمستقدمة والمستوان والمسابق والمسابق والمسابق	/a or /b and item /c [/a or /b,	and item 7c to be deleted	in item 6a or 65
CURRENT RECORD INFORMATION: Complete for Pa	iny information Change - provide only	one name (oa oi oo)		
REDWOOD DEVELOPMENT	COMPANY, INC.		 	·
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Ass	signment or Party Information Change - provide	e only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not omit, modify, or abbreviate any ba	rt of the Debtor's name)
7a. ORGANIZATION'S NAME				
CADENCE BANK 76. INDIVIDUAL'S SURNAME				
70. INDIVIDUAL S SURNAIVIL				
INDIVIDUAL'S FIRST PERSONAL NAME	<u></u>			
				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these for	ur boxes: ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collatera
	 	بـــــــــــــــــــــــــــــــــــــ		
Indicate collateral:				
Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTH		· — — ·	name of Assignor, if this is an Assign	ment
Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTH If this is an Amendment authorized by a DEBTOR, check he		· — — ·	name of Assignor, if this is an Assign	mer:
NAME OF SECURED PARTY OF RECORD AUTH If this is an Amendment authorized by a DEBTOR, check he 9a. ORGANIZATION'S NAME		· — — ·	name of Assignor, if this is an Assign	mert
Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTH If this is an Amendment authorized by a DEBTOR, check he		ing Debtor	name of Assignor, if this is an Assign	