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COVER LETTER

TO: Amendment Section

Division of Corporations Declaration of Thust NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kevin D. Sometville Diversified Services, 2575 Camelia Road FL 32724 City/ State and Zip Code Kevinsomet ville, 0007 e gmail. Com E-mail address: (to be used for future annual repair notification) For further information concerning this matter, please call: at (<u>386</u>) <u>804 - 0249</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee \$52.50 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

KDS Trust

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	filed with the Florida Dept. of State)
D13000000001 Declaration of T	rust
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Declaration of Trust
A. If amending name, enter the new name of the corporation:	eclaration of Trust
name must be distinguishable and contain the word "corporation," "co." Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new pmpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	Kevin D. Somerville 2605 Burgoyne Road DeLand, FL 32720 ss in Florida, enter the name of the
Name of New Registered Agent Kevin D. Sor	net ville
New Registered Office Address: De Land	The Boad Florida 32720 (Zity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	
Signature of New Res	zistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	Mark R. Gillotti	P.O. Box 951525
Add Remove	TP	T	Lake Mary, FL 32795-1525
2) Change Add	TR Trustee	Jone S. Wooden	2605 Burgoyne Rd. DeLand, FL 32720
Remove Change Address Add	Trustor	Kevin D. Somerville	2575 Camelia Road Deland, FL 32724
Remove 4) Change Add			
Remove 5) Change Add			
Remove			
Add Remove			

	ing additional Articles, enter c cets, if necessary).— (Be specifi		
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If un amandmant n	rovides for an exchange, reclas	riffantian on aranglatian	of invariant above.
provisions for imp	lementing the amendment if no	ot contained in the amendi	ment itself:
	le, indicate N/A)		
hange to	-Beheficiarie	. <u>s</u> :	
Jane S	5. Wooden	50%	<u> </u>

	option:	, if other than t
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements artment of State's records.	, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	ited by the incorporators, or board of directors without shareholders.	lder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the ame ficient for approval.	ndment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes east 1	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 5-	16-2020	
Signature X	16-2020 vin Somewille	
(By a dit selected	ector, president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or ot d fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
	(1 yped or printed name of person signing)	
_	President Director- (Title of person signing)	
	(Title of person signing)	