P13000100024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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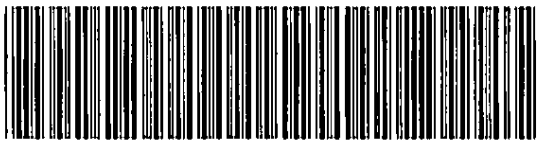

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R. WHITE

NOV 07 2018

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2018 NOV -5 AM 11:26

SECRETARY OF STATE

TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2018

CHRISTOPHER BABIN
431-45TH ST
WEST PALM BEACH, FL 33407

SUBJECT: CAPITAL HOMES REVOCABLE INTERVIVOS SAVING TRUST
Ref. Number: D13000000024

We have received your document for CAPITAL HOMES REVOCABLE INTERVIVOS SAVING TRUST and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because this is a Declaration of Trust, any where the document references "corporation," it needs to crossed out and replaced with Declaration ofTrust."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 718A00021800

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Capital Homes Revocable Intervivos Savings Trust

DOCUMENT NUMBER: D13000000024

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Babin
Name of Contact Person

Firm/ Company

431 - 45th St
Address

West Palm Beach, FL 33407
City/ State and Zip Code

PlentyOfEmails@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Babin at (561) 574-9600
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ $35 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of ~~Incorporation~~ Declaration of Trust
of

Capital Home: Revocable Intervivos Savings Trust

(Name of ~~Corporation~~ as currently filed with the Florida Dept. of State)

DI300000001?4

Declaration of Trust

(Document Number of ~~Corporation~~ if known)

Declaration of Trust

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit ~~Corporation~~* adopts the following amendment(s) to its Articles of Incorporation:

Declaration of Trust

A. If amending name, enter the new name of the ~~corporation~~:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc." or Co.," or the designation "Corp" "Inc," or "Co" A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

_____

_____

_____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

_____

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TALLAHASSEE, FL

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

_____
(Florida street address)

New Registered Office Address: _____ Florida _____
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

_____
Signature of New Registered 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:

Use additional sheets, if necessary)

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

P President; VP 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.

Example:

X Change	PT	John Doe	
X Remove	V	Mike Jones	
X Add	SV	Sally Smith	

Type of Action (Check One)	Title	Name	Address
1. Change			
Add			
Remove			
2. Change			
Add			
Remove			
3. Change			
Add			
Remove			
4. Change			
Add			
Remove			
5. Change			
Add			
Remove			
6. Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets if necessary. Also, specify)

Amending Part C, section D. Successor Trustee to remove Novella Sebastien and replace with
New Successor Co-Trustees: Melissa Smith and Melanie Doucet

Amending Part 10 of Declaration of Trust for Capital Homes Revocable Interest Savings Trust.
The amendment is to remove the two beneficiaries, Jane Hobien and Novella Sebastien, which have since passed away.
In place the beneficiaries will be Melissa Smith and Melanie Doucet

Amending Certificate of Trust, part 1 to show Grantor's address is changed from
P.O. Box 1 Jupiter, FL 33468 to the
New address P.O. Box 8761 West Palm Beach, FL 33407

F. If the amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(Attach additional sheets if necessary)

The date of each amendment(s) adoption: _____, if other than the 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was were sufficient for approval.

☐ The amendment(s) was were approved by the shareholders through voting groups. *The following statement must be specifically provided for each voting group entitled to vote separately on the amendment(s).*

"The number of votes cast for the amendment(s) was were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

10/01/2021

Dated _____

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Christopher Babin

(Typed or printed name of person signing)

Trustee

(Title of person signing)