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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2020

MCDONALD PREVAL RAYMAC TRUST C/O 5623 NW 189 STREET MIAMI, FL 33055

SUBJECT: RAYMAC TRUST Ref. Number: D19000000024

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

WHEN USING THE CORPORATION FORM FOR A DECLARATION OF TRUST, THE WORD CORPORATION MUST BE STRIKED AND REPLACED WITH THE WORDS DECLARATION OF TRUST AND THE STATUTE NUMBER MUST BE UPDATED ALSO. I WILL INCLUDE AN EXAMPLE OF THE MANNER IN WHICH IT SHOULD BE CORRECTED.

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.

Letter Number: 620A00021030

Darlene Connell
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Name of Corporation		
DOCUMENT NUMBER: D19000000024	. 	
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
MCDONALD PREVAL		
Name of Contact Person RAYMAC TRUST		
Firm/Company C/O 5623 NW 189 STREET		
Address MIAMI, FLORIDA. 33055		
City/State and Zip Code MIC33138@GMAIL.COM	 	
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	call:	
MCDONALD PREVAL	at (757-0793	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depa	urtment of State.	
Mailing Address: Amendment Section	Street Address: 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

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR DECLARATION OF TRUST

Pursuant to the provisions of sections 609. Florida Statutes, this

statement of change is submitted for a Declaration of Trust organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the Declaration of trust: RAYMAC TRUST 2. The principal office address: <u>5347 SW 25TH STREET</u> WEST PARK, FL. 33023 91 NORTHEAST 69TH STREET. MIAMI, FL 33138 3. The mailing address (if different): 05/14/2019 D19000000024 4. Date Filed: Document number: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) JENKINS, ROSALEE. 5341 SW 25 ST. WEST PARK FL 33023 33023 5347 SW 25 ST. WEST PARK. 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): MCDONALD PREVAL 91 NE 69 ST. 91 NORTHEAST 69TH STREET P.O. Box NOT acceptable The street address of its registered office and the street address of the business office of its registered as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors of by an officer so authorized by the board, or the Declaration of Trust has been notified in writing of the change. gnature of an off I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the Declaration of Trust has been notified in writing of this change. 12-11-20 Signature of Registered Agent If signing on behalf of an entity: Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35,00 * * *