

DI9 0000000044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Chrishel EL Bey. gave
permission to correct
the document

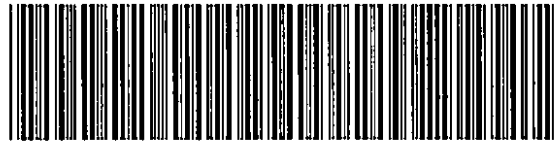
6/9/20

g

NCS

Office Use Only

524-6429-



900342286109

06/10/20--01017--001 **35.00

2020 JUN 10 PM 3:49

C GOLDEN

JUN 11 2020

COVER LETTER

**TO: Amendment Section
Division of Corporations**

CHRISNEL EL BEY EXPRESS TRUST

DOCUMENT NUMBER: D19000000044

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

Please return all correspondence concerning this matter to the following:

Chrisnel El Bey

Name of Contact Person

Chrisnel El Bey Express Trust

Firm/ Company

c/o 12770 NE 11th Court

Address

North Miami (Florida) Republic near: [33161]

City/ State and Zip Code

chrisnelelbey@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chrisnel El Bey

at (352) 363- 4080

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAY 19 10:15

May 19, 2020

CHRISNEL EL BEY
C/O 12770 NE 11TH COURT
NORTH MIAMI, FL 33161

SUBJECT: CHRISNEL EL BEY EXPRESS TRUST
Ref. Number: D19000000044

We have received your document for CHRISNEL EL BEY EXPRESS TRUST, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please correct the document to read "DECLARATION OF TRUST" through out the document and remove Articles of Incorporation. If you are amending the name, enter the new name of the trust. You must state the exact addresses through out your document. Also, the correct Statue for the Trust is 609.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 020A00010077

**ARTICLES OF AMENDMENT
TO THE
DECLARATION OF TRUST
FOR**

2020.11.10 PM 3:49

CHRISNEL EL BEY EXPRESS TRUST

A _____MASSACHUSETTS____TRUST

In accordance with Section 609 f.s., pertaining to Common Law
Declarations of Trust,

the undersigned, the Chairman of the Board of Trustees of ____ CHRISNEL EL BEY
EXPRESS TRUST _____,

A _____ MASSACHUSETTS ____ Trust hereby wishes to amend the affidavit for
_____ CHRISNEL EL BEY EXPRESS TRUST _____, in the State of Florida.

1.(a) The principal address is : _____451 NE 143 STREET,
NORTH MIAMI, FLORIDA (REPUBLIC NEAR) 33161

_____(b) The mailing address is : C/O (12770) NE 11TH COURT, NORTH MIAMI,
FLORIDA (REPUBLIC NEAR) 33161

2. The registered agent and street address in the State of Florida
is: _____JEAN JEAN-MASLIN MATHURIN , C/O (451) NE 143RD STREET ,
MIAMI-DADE, FLORIDA (REPUBLIC) 33161

3. The names and addresses of the trustees are:

| | | | |
|--|-------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Change | <u>Stlr</u> | <u>CHRISNEL SIMON</u> | <u>22 NW 1st #1</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Miami, FL 33128</u> |
| <input type="checkbox"/> Remove | | | |
| <input type="checkbox"/> Change | <u>TR</u> | <u>Jean Jean-Maslin Mathurin</u> | <u>Calle Enriquillo No. 7 Altos</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Almirante Santo Domingo</u> |
| <input type="checkbox"/> Remove | | | |
| <input type="checkbox"/> Change | <u>TP</u> | <u>Chrisnel El Bey</u> | <u>C/o 451 NE 143rd Street</u> |
| <input type="checkbox"/> Add | | | <u>Miami-Dade (Florida) [33161]</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| <input type="checkbox"/> Change | <u>TP</u> | <u>Chrisnel Simon</u> | <u>22 NW 1st #1</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Miami, FL 33128</u> |
| <input type="checkbox"/> Remove | | | |

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

05/28/2020
 Dated _____

Signature Simon Chrisnel VCC-1-306 without the United States
 (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)

Chrisnel Simon

 (Typed or printed name of person signing)

Setlor (stlr)

 (Title of person signing)