

D21000000058

(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:

Office Use Only



200372767872

FILED
2021 SEP -2 PM 12:40
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

03/02/21 - 01020 - 006 +\$52.50

RECEIVED
2021 SEP -2 PM 2:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Y SHUKER

SEP 0



Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 9/2/2021

Trans#: 1229575

Entity Name: REVA GENERAL DYNAMICS, DST /

Articles Incorporation ()

Articles of Dissolution ()

Conversion ()

Foreign Qualification ()

Limited Partnership ()

Reinstatement ()

Other ()

Articles of Amendment (XXX)

Annual Report ()

Fictitious Name ()

Limited Liability ()

Merger ()

Withdrawal / Cancellation ()

STATE FEES PREPAID WITH CHECK #2327 FOR \$52.50

PLEASE RETURN:

Certified Copy (XXX) Plain Stamped Copy ()

Good Standing (XXX) Certificate of Fact ()

PROFIT CORPORATION
APPLICATION BY FOREIGN BUSINESS TRUST TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 609, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

D2100000058

(Document number of business trust (if known))

1. REVA General Dynamics, DST

(Name of business trust as it appears on the records of the Department of State)
2. Delaware

(Incorporated under laws of)
3. 8/9/2021

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the business trust, when was the change effected under the laws of its jurisdiction of incorporation? 9/1/2021

5. REVA 100 Carillon, DST

(Name of business trust after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate business trust name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

FILED
21 SEP -2 PM 12:47
TOLSON
SECRETARY OF STATE
TALLAHASSEE, FL

8. **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:

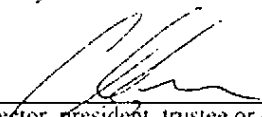
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 609, indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



<p>Chris Sorensen</p> <p>_____ (Typed or printed name of person signing)</p>	<p>(Signature of a director, president, trustee or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)</p>	<p>Manager of Sorensen Entity Services LLC, the Delaware trustee</p> <p>_____ (Title of person signing)</p>
--	---	---

FILING FEE \$35.00


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "REVA GENERAL DYNAMICS, DST", CHANGING ITS NAME FROM "REVA GENERAL DYNAMICS, DST" TO "REVA 100 CARILLON, DST", FILED IN THIS OFFICE ON THE FIRST DAY OF SEPTEMBER, A.D. 2021, AT 10:37 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

6136014 8100
SR# 20213137885

Authentication: 204059107
Date: 09-01-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT TO
CERTIFICATE OF TRUST**

Pursuant to Title 12, Section 3810(b) of the Delaware Statutory Trust Act, the undersigned Trust executed the following Certificate of Amendment:

1. Name of Statutory Trust: REVA General Dynamics, DST

2. The Certificate of Amendment to the Certificate of Trust is hereby amended as follows:


First: The name of the trust is REVA 100 Carillon, DST

[set forth amendment(s)]

3. (Please complete with either **upon filing** or it may be a *future effective date* that is within 90 days of the file date) This Certificate of Amendments shall be effective upon filing.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 1 day of September, 2021 A.D.

Sorensen Entity Services LLC

By: 
Trustee
Chris Sorensen, manager of Sorensen Entity
Name: Services LLC, the Delaware trustee
Type or Print