

D9600000000012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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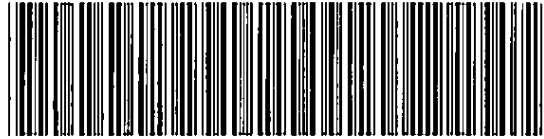
Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO THE
DECLARATION OF TRUST
of

Mid-State Trust II

(Name of the Declaration of Trust)

A Florida TRUST

(Florida or Foreign)

In accordance with Section 609 F.S., pertaining to Common Law Declarations of Trust, the undersigned Trustee(s) amends the following:

The new principal and mailing address is:

Principal Address: 1100 North Market Street
Wilmington, DE 19890

Mailing Address: 4830 Arid Ave APT 2065
LAS VEGAS NV 89115

The name of the new registered agent and/or registered office:

Name of registered agent: Michael Pollard

Registered Office Address: 2655 Wilkins Ct.

Jacksonville, Florida 32209

SECRETARY OF STATE
JUL 11 2023

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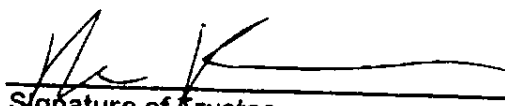
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2. Please list the name and address of each trustee:

<u>Name</u>	<u>Address</u>
<u>Michael Pollard</u>	<u>4830 Arid Ave APT 2065</u> <u>LAS VEGAS NV 89115</u>
<u>Robert FREEMAN Jr.</u>	<u>2655 Wilkins Ct.</u> <u>Jacksonville FL 32209</u>
<u>Michael Pollard Jr.</u>	<u>2655 W. Wilkins Ct.</u> <u>Jacksonville FL 32209</u>

I hereby am familiar with and accept the designation of being the registered agent for the above listed Declaration of Trust.

Michael Pollard
If Changing the Registered Agent, Signature of New Registered Agent


Signature of Trustee

Michael Pollard
Typed or printed name of Trustee signing



ACCEPTANCE OF TRUSTEESHIP BY TRUSTEE (Inter-Vivos Trust)

1 (Full names and surname) Michael Pollard

ID / Passport No: 1504920318

Representative of Organisation (If Applicable) Mid State Trust II

Registration Number (If Applicable) _____

Hereby apply for authority in terms of Section 7(1) of the Trust Property Control Act, 2018 to act as trustee of the Trust known as:

Mid State Trust II

I choose the following address for the purposes of Section 6 of the Trust Property Control Act, 2018

Domicilium Citandi et exsecutandi (physical address)

800 S.E. Monterey Commons B11
Suite 106

Stuart FL 34996

Wilmington Trust Co.

Tel. _____

E-mail _____

Postal Address

2655 Wilkins Ct

Box 1 32209

Michael Pollard

Cell 904 3769783

- Is this a family business trust?
(If, yes an independent trustee must be appointed. If no independent trustee is appointed furnish us with a motivation for non-appointment of an independent trustee)
- I am an Independent Trustee? (If, yes complete attached sworn Affidavit)
- Is trustee also the beneficiary?
- Is trustee related to any beneficiary or trustee?
- Are all the beneficiaries related to one another?

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☒ No ☐

Profession and or business occupation of the trustee: Att

Previous practical experience in trust administration: Mention any specific cases.

None

Will exercise direct special personal control to maintain accurate trust records?

Yes ☒ No ☐

* Each Trustee must submit a separate Acceptance of Trusteeship by Trustee form

** Please attach an original certified copy of your ID Document not older than three months

DECLARATION BY TRUSTEE

I am qualified to act as trustee and do not find myself in any of the circumstances mentioned in Section 21(2) of the Trust Property Control Act, 2018, which will justify my removal and undertake to inform the Master immediately should any such circumstances arise. *YES NP*

Thus I declare the following:

- Trustee ever been convicted of any offence of dishonesty or sentenced to prison without a fine option?
- Trustee ever been declared insolvent?
- Trustee ever been removed from office in respect to any appointment as a Trustee?
- Trustee ever been declared mentally ill / incapacitated?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Provide reason if any of the above was answered YES:

.....

- Trustee has knowledge and understands the law of trust?
- Trustee is aware of the fiduciary duties and responsibilities?
- By accepting the position of trustee, you are exposing yourself to civil and criminal actions in terms of section 10 of the Trust Property Control Act, 2018
- By accepting the position of trustee, you are exposing yourself to removal action by the Master for failure to comply with any lawful request of the Master including a request to account in terms of section 17 of the Trust Property Control Act, 2018
- Trustee will exercise direct special personal control to maintain accurate trust records

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Provide reason if any of the above was answered NO:

.....

UNDERTAKING

I undertake to inform the Master should there be any changes in the capital/income beneficiaries in this Trust

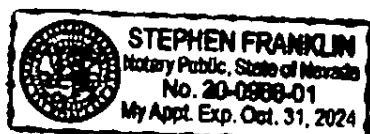
I undertake to instruct the Auditor to furnish The Master, when requested to do so, with any information which the Master may require in connection with the affairs of the Trust.

Signed at *LVN* on the *3* day *March* Month *2023* Year

[Signature]

Signature of Trustee

I certify that on the *3* day *March* Month *2023* Year at *LVN* and in my presence the deponent signed the Acceptance Of Trusteeship by Trustee and declared that he/she knows and understand the contents hereof, has no objection to taking this oath and considers the oath to be binding on his/her conscience.



Stephen Franklin
 Commissioner of Oath

* Each Trustee must submit a separate Acceptance of Trusteeship by Trustee form
 ** Please attach an original certified copy of your ID Document not older than three months

NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document:

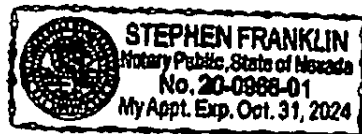
State of Nevada
County of Clark

On June 12, 2023, before me, Stephen Franklin
(insert name and title of the officer), personally appeared
Michael Pollard, who proved to me on the basis of satisfactory
evidence to be the person(s) whose name(s) is/are subscribed to the within instrument
and acknowledged to me that he/she/they executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or
the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of
Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Stephen Franklin (Seal)



MICHAEL POLLARD
4830 ARID AVE
APT 2065
LAS VEGAS, NV 89115

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CERTIFICATE OF TRUST

STATE OF Florida
COUNTY OF Brevard

I. **AFFIANT.** I, Michael Pollard ("Affiant"), being duly sworn, deposes and states under penalty of perjury that the foregoing is true and correct.

II. **TRUST.** The Trust is known as Mid State trust II ("Trust").

The Trust has not been terminated, revoked, modified, or amended in any manner that would cause the representations contained in this **Certification of Trust** to be incorrect.

a.) **Type.** The Trust is considered: (check one)

☐ - Revocable

☒ - Irrevocable

b.) **Date.** The Trust was signed on 6-19-1996.

c.) **Tax ID Number.** 592972215

III. **SETTLOR(S).** William Pollard ("Settlor(s)") with a mailing address of 1100 North Market Street
Wilmington DE 19801

IV. **TRUSTEE(S).** Emmet Harmon ("Trustee(s)") with a mailing address of 1100 North Market Street
Wilmington DE 19801

V. **SUCCESSOR TRUSTEE(S).** Michael Pollard ("Successor Trustee(s)") with a mailing address of 4830 ARID AVE # 2065 Las Vegas NV 89115

VI. **AUTHORITY.** The authority to act on behalf of the Trust requires: (check one)

☒ - One (1) Trustee to sign.

☐ - _____ Trustee(s) to sign.

VII. **POWERS.** The Trustee(s) have: (check one)

☒ - Full powers to sell, convey and to mortgage or encumber real and personal property under this Trust.

☐ - Limited powers to: _____

VIII. **REAL ESTATE.** The Trust includes: (check one)

☐ - No real estate.

☒ - Real estate with a legal description of: 1100 North Market Street
Wilmington DE 19801

IX. **EXECUTION.** I, the Affiant, declare that this certificate has been examined by me and its contents are true and correct.

Affiant's Signature: MP Date: Jun 12 -2023
Print Name: Michael Pollard