SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003 **WEBSITE:** www.concord-sots.ct.gov

CERTIFICATE OF AMENDMENT

DOMESTIC STATUTORY TRUST

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILING PARTY *(CONFIRMATION WILL BE SENT TO THIS ADDRESS)*:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

FILING FEE: $120

MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"

1. NAME OF STATUTORY TRUST:

2. THE DATE OF FILING OF THE ORIGINAL CERTIFICATE OF TRUST:

3. THE CERTIFICATE OF TRUST IS (CHOOSE ONE OF THE FOLLOWING):

☐ **AMENDED**

☐ **AMENDED AND RESTATED** ***(PLEASE SET FORTH AMENDMENTS BELOW AND ATTACH RESTATED CERTIFICATE)***

☐ **RESTATED** ***(PLEASE ATTACH RESTATED CERTIFICATE)***

4. TEXT OF EACH AMENDMENT:

5. EXECUTION BY TRUSTEE:

DATED THIS_____ **DAY OF** _____ **, 20** _____

NAME OF TRUSTEE	SIGNATURE

FORM STA-1-1.0
Rev. 7/2010