Secretary of the State of Connecticut

PHONE: 860-509-6003 WEBSITE: business.ct.gov EMAIL: bsd@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:			FILING FEE: \$120
ADDRESS:			MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
CITY:			
STATE:	ZIP CODE:		
EMAIL:			
TELEPHONE NUMBER:			
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 AND RESTATED (PLEASE SET FORTH AMENDMENTS BELOW AND ATTACH RESTATED CERTIFICATE)			
RESTATED (<i>PLEASE ATTACH RESTATED CERTIFICATE</i>)			
4. TEXT OF EACH AMENDMENT:			
5. EXECUTION BY TRUSTEE:			
DATED THIS	DAY OF		, 20
NAME OF TRUSTEE			SIGNATURE