

D21000000070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

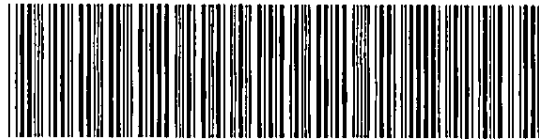
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700435149037

Amend to Declaration
of Trust

08/28/24--01002--001 **566.15

RECEIVED

2024 AUG 28 PM 3:35

SECRETARY OF STATE
MAIL SERVICES DIVISION

FILED

2024 AUG 27 AM 11:43

SECRETARY OF STATE
MAIL SERVICES DIVISION

A. RAMSEY

AUG 29 2024



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2024

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: NSP II ST PETE DST
Ref. Number: D21000000070

CORRECTED
Please Allow For
Same File Date

We have received your document for NSP II ST PETE DST and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

We are unable to file a Declaration of Trust amendment using a walk in account. Please provide a check for \$43.75 when you resubmit the document.

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.

Annette Ramsey
OPS

Letter Number: 024A00019317

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/27/2024

Acc#I20160000072

en: c DW

Name:	NSP II ST PETE DST
Document #:	
Order #:	15837796

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AUTHORIZED PERSON	JOHN GOOD	300 CRESCENT CT, STE 700	<input checked="" type="checkbox"/> Add
		DALLAS, TX 75201	<input type="checkbox"/> Remove
AUTHORIZED PERSON	BRIAN MITTS	300 CRESCENT CT, STE 700	<input checked="" type="checkbox"/> Add
		DALLAS, TX 75201	<input type="checkbox"/> Remove
AUTHORIZED PERSON	MATT MCGRANER	300 CRESCENT CT, STE 700	<input checked="" type="checkbox"/> Add
		DALLAS, TX 75201	<input type="checkbox"/> Remove
SIGNATORY TRUSTEE	NSP II ST PETE MANAGER, LLC	300 CRESCENT CT, STE 700	<input checked="" type="checkbox"/> Add
		DALLAS, TX 75201	<input type="checkbox"/> Remove
TRUSTEE	THE CORPORATION TRUST COMPANY	1209 ORANGE ST	<input type="checkbox"/> Add
		WILMINGTON, DE 19801	<input checked="" 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.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

JOHN GOOD
(Typed or printed name of person signing)

AUTHORIZED PERSON
(Title of person signing)

FILING FEE \$35.00