

D2/0000000074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

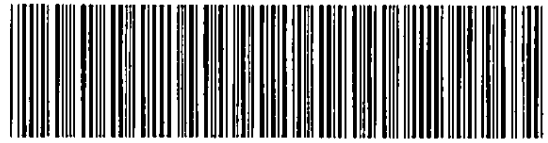
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500435149055

Amend to Declaration of Trust

08/23/24--01002--001 11:55:75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 AUG 28 PM 3:35

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 AUG 27 PM 12:08

FILED

A. RAMSEY

AUG 29 2024



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2024

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: NSP II MIAMI DST  
Ref. Number: D2100000074

**CORRECTED**  
Please Allow For  
Same File Date

We have received your document for NSP II MIAMI 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: 624A00019320

43.75

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

**Date:** 08/27/2024

Acc#120160000072

*W: C DW*

Name:	NSP II MIAMI DST
Document #:	
Order #:	15837796

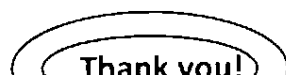
Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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**



**DELAWARE STATUTORY TRUST**  
**TRUST PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)  
609.01

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

D2100000074

(Document number of ~~corporation~~  
trust (if known))

1. NSP II MIAMI DST  
(Name of ~~corporation~~  
trust as it appears on the records of the Department of State)
2. DELAWARE 3. 10/11/2021  
(Incorporated under laws of) (Date authorized to do business in Florida)

FILED  
2024 AUG 27 PM 12:08  
DEPARTMENT OF STATE  
CORPORATION SERVICES

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

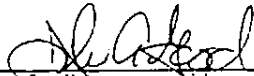
4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? N/A
5. N/A  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.  
N/A  
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
N/A  
(New jurisdiction)
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 N/A
- (Florida street address)
- New Registered Office Address: N/A, 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.*

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
			<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.



(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