

D22000000047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

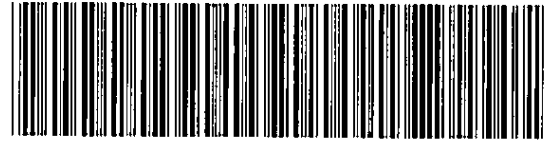
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



400415615524

Amend to Declaration
of Trust

09/19/23--01004--014 **43.75

FILED

2023 SEP 19 AM 11:49

RECEIVED

2023 SEP 19 AM 10:56

2023 SEP 19 AM 10:56

A. RAMSEY

SEP 20 2023



**CAPITOL
SERVICES**

Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 9/19/2023

Trans#: 1407396

Entity Name: INSPIRED SENIOR LIVING OF LARGO DST - D22000000047

Articles of Incorporation ()

Articles of Dissolution ()

Conversion ()

Foreign Qualification ()

Limited Partnership ()

Reinstatement ()

Other ()

Amendment (XXX)

Annual Report ()

Fictitious Name ()

Limited Liability ()

Merger ()

Withdrawal / Cancellation ()

Partnership Registration ()

STATE FEES PREPAID WITH CHECK # 3487 FOR \$43.75

PLEASE RETURN:

Certified Copy (XXX) Plain Stamped Copy ()

Good Standing () Certificate of Fact ()

Articles of Amendment to
Declaration of Trust of

FILED

2023 SEP 19 AM 11:49

INSPIRED SENIOR LIVING OF LARGO DST

(Name of Trust as currently filed with the Florida Dept. of State)

D22000000047

(Document Number of Trust (if known))

Pursuant to the provisions of the applicable Florida Statutes, this *Delaware Statutory Trust* adopts the following amendment(s) to its Declaration of Trust:

A. If amending name, enter the new name of the trust:

N/A

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. 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.

N/A

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Trustees, enter the title and name of each Trustee being removed and title, name, and address of each Trustee being added:

Type of Action (Check One)	Trustee	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		Luke Lee	7047 E Greenway Parkway Suite 300 Scottsdale, AZ 85254
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

Adoption of Amendment(s)

(CHECK ONE)

- ☒ The amendment(s) to the Declaration of Trust was/were adopted by the managing trustee of the Trust.

Dated 9/14/23

Signature 

Luke Lee

(Typed or printed name of person Trustee)

Trustee

(Title of person signing)