

D22000000049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

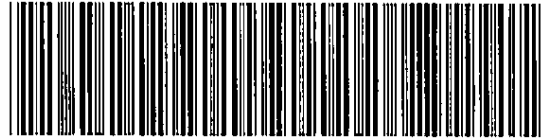
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300415615533

Amend to declaration  
of Trust

09/19/23--01004--015 \*\*43.75

2023 SEP 19 AM 11:38

FILED

2023 SEP 19 AM 10:57

RECEIVED

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 FORT MYERS DST - D22000000049

Articles of Incorporation ( )

Amendment (XXX)

Articles of Dissolution ( )

Conversion ( )

Fictitious Name ( )

Foreign Qualification ( )

Limited Liability ( )

Limited Partnership ( )

Merger ( )

Reinstatement ( )

Withdrawal / Cancellation ( )

Other ( )

Partnership Registration ( )

STATE FEES PREPAID WITH CHECK # 3486 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: 38

INSPIRED SENIOR LIVING OF FORT MYERS DST

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

D22000000049

(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) (e), 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:

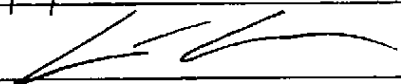
Type of Action (Check One)	Trustee	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		Luko Lee	7047 E Greenway Parkway Suite 300 Scottsdale, AZ 85254
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/>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