D22000000061

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

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100415615481 Amend to declaration

09/19/23--01004--010 ++43.75





SEP 20 2901 A RAMSEY



Filing Cover Sheet

To: Florida Division of Corporation	To:	Florida	Division	of Co	orporation	าร
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From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 9/19/2023

Trans#: 1407396

Entity Name: INSPIRED SENIOR LIVING OF DELRAY BEACH DST

Articles of Incorporation ()	Amendment (XXX)				
Articles of Dissolution ()	Annual Report ()				
Conversion ()	Fictitious Name ()				
Foreign Qualification ()	Limited Liability ()				
Limited Partnership ()	Merger ()				
Reinstatement ()	Withdrawal / Cancellation ()				
Other ()	Partnership Registration ()				
STATE FEES PREPAID WITH CHECK # 3491 FOR \$43.75					
PLEASE RETURN:					
Certified Copy (XXX) Plain Stamped (Сору ()				
Good Standing () Certificate of Fact ()					

Articles of Amendment to Declaration of Trust of

FILEU

2023 SEP 19 AM 11: 06

INSPIRED SENIOR LIVING OF DELRAY BEACH DST

INSPIRED SENIO	R LIVING OF DELI	RAY BEACH DST	A TARY FORM
(Name of Tru	ist as currently filed	with the Florida Dept. o	f State)
D22000000061			
	(Document Number	r of Trust (if known)	
Pursuant to the provisions of the applicable F ts Declaration of Trust:	Florida Statutes, this D	elaware Statutory Trust	adopts the following amendment(s
. If amending name, enter the new name	of the trust:		
N/A			
B. Enter new principal office address, if a Principal office address MUST BE A STRE		-	
		N/A	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)		N/A	
 If amending the registered agent and/o new registered agent and/or the new re 			he name of the
Name of New Registered Agent	N/A		
Nume of New Registered Agent			
_	(Florida s	(reet address)	
New Registered Office Address:			, Florida
ren registered Office Hames.		(City)	(Zip Code)
lew Registered Agent's Signature, if chan hereby accept the appointment as registered	ging Registered Agen	it: - with and accept the obli	gations of the position
in the second of	a		Zamen el ma hannan
	N/A		
	Signature of New	Registered Agent, if chan	ging

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)		Name	<u>Addres</u> s
1) Change	Trustee	Luke Lee	7047 E Greenway Parkway
X Add			Suite 300
Remove			Scottsdale, AZ 85254
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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)