

D22000000063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

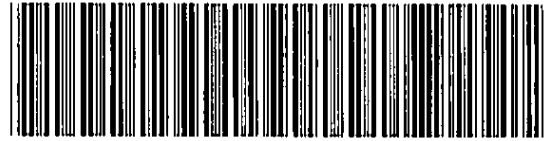
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600415615506

Amend to Declaration  
of Trust

09/19/23--01004--012 \*\*43.75

FILED  
2023 SEP 19 AM 11:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY  
SEP 20 2023

RECEIVED  
2023 SEP 19 AM 10:54  
TALLAHASSEE, FLORIDA



## **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 MELBOURNE DST

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 # 3489 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 11:22

INSPIRED SENIOR LIVING OF MELBOURNE DST

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

D22000000063

(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:

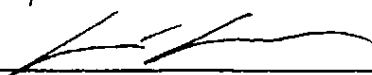
Type of Action (Check One)	Trustee	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		Luke Lee	7047 E Greenway Parkway Suite 300 Scottsdale, AZ 85254
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/>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