

D22000000063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

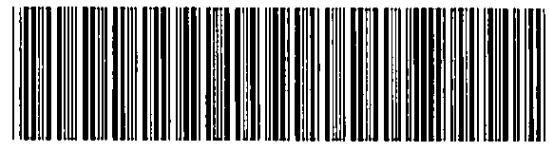
(Business Entity Name)

(Document Number)

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

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Office Use Only



600415615506

Amend to Declaration  
of Trust

09/19/23--01004--012 \*\*48.75

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

A. RAMSEY  
SEP 20 2023

RECEIVED  
2023 SEP 19 AM 10:54  
TALLAHASSEE  
STATE OF 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)

D2200000063

(Document Number of Trust (if known))

SECRETARY OF STATE  
TRUST SERVICES DIVISION

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:

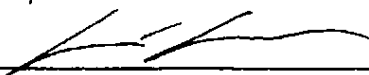
| <u>Type of Action</u><br>(Check One)    | <u>Trustee</u> | <u>Name</u>     | <u>Address</u>                 |
|---|----------------|-----------------|--------------------------------|
| 1) <input type="checkbox"/> Change      |                | <u>Luke Lee</u> | <u>7047 E Greenway Parkway</u> |
| 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