

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

*172200005044*

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
 Account Number : 120160000017  
 Phone : (855)498-5500  
 Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**INSPIRED SENIOR LIVING OF DUNEDIN MT, LLC**

Certificate of Status	0
Certified Copy	1
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2024 APR 25 PM 6:17

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Corporate Filing Menu

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T. LEMIEUX

APR 26 2024

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# **APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA**

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## **SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Inspired Senior Living of Dunedin MT, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000005644

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/12/2022

## **SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Sheryl Klein	7047 E GREENWAY PKWY STE 300	<input type="checkbox"/> Add
		Scottsdale, Arizona 85254	<input checked="" type="checkbox"/> Remove
AP	Felecia Wells	7047 E GREENWAY PKWY STE 300	<input type="checkbox"/> Add
		Scottsdale, Arizona 85254	<input checked="" type="checkbox"/> Remove
AP	Ed Ward	7047 E GREENWAY PKWY STE 300	<input checked="" type="checkbox"/> Add
		Scottsdale, Arizona 85254	<input type="checkbox"/> Remove
AP	Deana Wright	7047 E GREENWAY PKWY STE 300	<input checked="" type="checkbox"/> Add
		Scottsdale, Arizona 85254	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
Calida Taylor

Signature of the authorized representative

Calida Taylor

\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00