	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	- -
☐ PICK-	UP WAIT MAIL
i !	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	5 5
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COVER LETTER

	ent Section Division of Corporation H/LTA Properties			
		e of Trust		
	ndment and fee are submitted for			
	orrespondence concerning this ma	-	g:	
Rachael	Charest			
	Name of Contact Person		_	
Sullivan	& Worcester LLF)		
	Firm Company		_	
One Pos	t Office Square			
	Address		-	
Boston, f	MA 02109			
	City/State and Zip Code		_	
rcharest	@sullivanlaw.cor	n		
	ss: (to be used for future annual r			
For further informa	ntion concerning this matter, pleas	se call:		
Rachael	Charest	_{at (} 617	,338-2	868
Name of Contact Person			& Daytime T	elephone Number
Enclosed is a cheel	c for the following amount:			
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Fil Certified Cop	-	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy
Division of P.O. Box	nt Section of Corporations	Amendr Division The Cer	address: ment Section n of Corporation nuc of Tallaha	ssec

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Declaration of Trust

D06000000024

APPLICATION BY Declaration of Trust TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 609 F.S.)

SECTION I (1-3 MUST BE COMPLETED)

	(Doc	cument number of Tr	ısı (if known)			
SNH/LTA Properties Trust							
	me of Trust	as it appears on the	records o	f the Department of State)		
, Maryland			08/31/	2006			
(Formed	under laws of)		(2006 Date authorized to do bus	iness in Flo	orida)	
		SECTIO					
	(4-7 COMPI	LETE ONLY THE A	APPLICA	BLE CHANGES)			
4. If the amendment changes the nar incorporation?			_	ected under the laws of its	jurisdiction	loc	
5. (Name of corporation after the an not contained in new name of the	nendment, addin corporation)	ng suffix "corporation.	." "compa	ny," or "incorporated," or	appropriate	abbre :	viation, if
(If new name is unavailable in Flo			•	*******	g business i	in Flori	ida)
6. If the amendment changes th	e period of dura	ition, indicate new per	iod of dur	ation.			
		(New dura	tion)				
7. If the amendment changes th	e jurisdiction of	incorporation, indica	te new jur	isdiction.			
		(New jurisdi	ction)				
S. If the amendment changes the ju-	risdiction of org	anization, indicate ne	w jurisdic	tion:	SEO:	2024 FEB	
9. If the amendment changes person	, title or capacity	y in accordance with · 6	609	indicate that change:	ETARY (EB -7	
					 	AM 8	0

Fitle/ Capacity	<u>Name</u>	Address	Type of Action
	Please see Exhibit A attached.		
			Remove
			Add
			CRemove
			□Add
			Remove
			Remove
		<u> </u>	Remove
Attached is a confidence of the application of the laws	certificate or document of similar import, on to the Department of State, by the Secre of which it is incorporated.	evidencing the amendment, authentic stary of State or other official having o	cated not more than 90 days prior to d custody of corporate records in the juris
	HWK	z. W	
	(Signature of a dire a receiver or other	ctor, president or other officer - if in court appointed fiduciary, by that fid	luciary)
		Chief Finar	ncial Officer & Treasurer

FILING FEE \$35.00

Exhibit A

Name	Address	Title	Add / Remove
Richard W. Siedel, Jr.	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458	Chief Financial Officer & Treasurer	Remove
Jennifer F. Francis	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458	President & Chief Operating Officer	Remove
Jacquelyn S. Anderson	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458	Assistant Secretary	Add
Matthew C. Brown	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458	Chief Financial Officer & Treasurer	Add
Christopher J. Bilotto	rristopher J. Bilotto Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458		Add
Jennifer F. Francis	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458	Trustee	Add