# D07/00000001

·· ·- ·- ·	(Re	questor's Name)	
<del> </del>	(Ad	dress)	
	(Ad	dress)	
	(Cit	y/State/Zip/Phone #	<del>;</del> )
	PICK-UP	WAIT	MAIL
	(Bu	siness Entity Name	)
	(Do	cument Number)	
ed Copi	es	Certificates	of Status
al instr	ructions to Filin	ng Officer:	
		<del></del>	

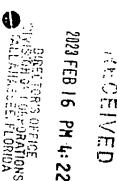
Office Use Only



400402808814

Declaration of Must





A. RAMSEY FEB 1 7 2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOU	NT NO.	:	1200000	00195	
		REF	ERENCE	:	499660	43	05026
		AUTHORI2	ZATION	: ر	Sould		_
	- <b>- -</b>	COST	LIMIT	:	\$ 3.5.00	Rema	
ORDER I	DATE :	February 1	14, 2023				
ORDER T	CIME :	1:36 PM					
ORDER N	10. :	499660-010	)				
CUSTOME	ER NO:	4305026	5				
<b>-</b>			. <b></b>				
		FOF	REIGN FI	LI:	NGS		
	NAME:	нрт та	PROPERT:	IE.	S TRUST		
	LIMITED	PARTNERSHI LIABILITY					
XXXX AM	MENDMENT						
PLEASE	RETURN	THE FOLLOW	VING AS I	PR	OOF OF F	FILING:	
XX	PLAIN	FIED COPY STAMPED CO FICATE OF C		ND:	ING		
CONTACT	PERSON	I: Eyliena	. Baker ·	- <b>-</b>	EXT#		

EXAMINER:

## **COVER LETTER**

TO: Amendmo	ent Section Division of Corporati	ons	
SUBJECT: HPT T	'A Properties Trust		
	Name	e of Corporation	<del>-</del>
DOCUMENT NU	MBER: D0700000001		
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	nter to the following:	
Rachael Charest			
	Name of Contact Person		
Sullivan & Worce	ster LLP		
	Firm/Company	<del></del>	
One Post Office Se	quare		
	Address		
Boston, MA 02109	9		
	City/State and Zip Code		
rcharest@sullivan			
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, plea	se call:	
Rachael Charest		at (338-2868	
Name	e of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a check	k for the following amount:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee Certificate of Status Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(Pursuant to s. 609.2

## SECTION I (1-3 MUST BE COMPLETED)

	SECTION I (1-3 MUST BE COMP	LETED)	State)
1007000000	0001		
(D	ocument number of trust	(if known)	
HPT TA Properties Trust			
(Name of trust	- ·	rds of the Department of	State)
Maryland	3.01	/19/2007 (Date authorized to o	
(Incorporated under laws of	)	(Date authorized to o	fo business in Florida)
(4-7 COMI	SECTION II PLETE ONLY THE APPI	JCARLE CHANGES)	
·			
4. If the amendment changes the name of the corporation?	_		of its jurisdiction of
nicorporation.			
(Name of corporation after the amendment, add	ing suffix "corporation." "co	ompany," or "incorporate	d," or appropriate abbreviation, if
not contained in new name of the corporation)			
(If new name is unavailable in Florida, enter alte	ernate corporate name adopti	ed for the nurnose of tran	sacting business in Florida)
			<u>goalling oalliness in Frontal</u>
If the amendment changes the period of du	ration, indicate new period of	of duration.	
	(New duration)		
7. If the amendment changes the jurisdiction of	of incorporation, indicate ne	w jurisdiction.	
	(New jurisdiction	n)	
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered.</li> </ol>		orida, enter the name of	the_
•	<del></del>		
Name of New Registered Agent	<del></del>		
	(P) 1		
	(Florida street addres	ss)	
New Registered Office Address:	(City)	, Flori	ida (Zip Code)
			(глр Соас)
New Registered Agent's Signature, if changi Thereby accept the appointment as registered a	ng Registered Agent:	nd account the obligations	of the position
Thereby decept the appointment as registered a	gen. Tun jumuu sun un	a accept the anigatims	of the position.
Signature of New Registered .	Agent, if changing		

Type of Action Title/ Capacity <u>Address</u> <u>Name</u> Please see Exhibit A attached □Add Remove □Add Remove  $\Box$ Add Remove □Add Remove □Add Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) Brian E. Donley Chief Financial Officer & Treasurer

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

FILING FEE \$35.00

(Typed or printed name of person signing)

(Title of person signing)

# Exhibit A

Name	Title	Address	Add / Remove
John G. Murray	Т	400 Centre Street	Remove
		Newton, MA 02458	
Ethan S. Bornstein	Т	400 Centre Street	Remove
		Newton, MA 02458	
Mark L. Kleifges	Т	400 Centre Street	Remove
		Newton, MA 02458	
Jennifer B. Clark	T	400 Centre Street	Remove
		Newton, MA 02458	
Jacquelyn S. Anderson	Т	400 Centre Street	Remove
		Newton, MA 02458	
Todd W. Hargreaves	President and Chief	Two Newton Place	Add
-	Investment Officer	255 Washington St., Suite 300	
		Newton, MA 02458	
Brian E. Donley	Chief Financial Officer	Two Newton Place	Add
•	and Treasurer	255 Washington St., Suite 300	
		Newton, MA 02458	
Jennifer B. Clark	Secretary	Two Newton Place	Add
	,	255 Washington St., Suite 300	
		Newton, MA 02458	
Jacquelyn S. Anderson	Assistant Secretary	Two Newton Place	Add
• •	,	255 Washington St., Suite 300	
		Newton, MA 02458	
John G. Murray	Trustee	Two Newton Place	Add
•		255 Washington St., Suite 300	
		Newton, MA 02458	
Adam D. Portnoy	Trustee	Two Newton Place	Add
•		255 Washington St., Suite 300	
		Newton, MA 02458	