

007000000011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

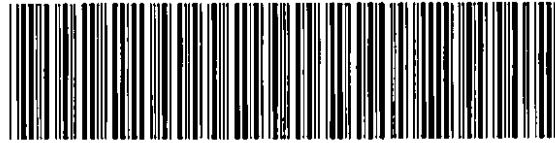
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/21/21--01001--013 **85.00

01001

01001

STATE OF FLORIDA
SECRETARY OF STATE

2021 JAN 13 PM 2:19

2021 JAN 13 AM 8:46

PROCESSED

FILED

RECEIVED
JAN 27 2021

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

ACCOUNT NO. : I20000000195
REFERENCE : 613407 4305026
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : January 13, 2021
ORDER TIME : 12:27 PM
ORDER NO. : 613407-025
CUSTOMER NO: 4305026

FOREIGN FILINGS

NAME: HPT PSC PROPERTIES TRUST

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2021

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: HIGHWAY VENTURES PROPERTIES TRUST
Ref. Number: D0700000011

We have received your document for HIGHWAY VENTURES PROPERTIES TRUST and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Declaration of trust must be under chapter 609. Please change the statute number

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 421A00000920

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: **HPT PSC Properties Trust**

DOCUMENT NUMBER: **D0700000011**

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachael Charest

Name of Contact Person

Sullivan & Worcester LLP

Firm/Company

One Post Office Square

Address

Boston, MA 02109

City/State and Zip Code

rcharest@sullivanlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachael Charest at (**617**) **338-2868**

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check 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:

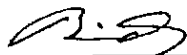
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PT	Edward Escudero	6080 SURETY DRIVE	<input type="checkbox"/> Add
		EL PASCO, TX 79905	<input checked="" type="checkbox"/> Remove
TST	Lisa Budtke	6080 SURETY DRIVE	<input type="checkbox"/> Add
		EL PASCO, TX 79905	<input checked="" type="checkbox"/> Remove
President & CEO	John G. Murray	Two Newton Place, 255 Washington Street	<input checked="" type="checkbox"/> Add
		Newton, MA 02458	<input type="checkbox"/> Remove
CFO & Treasurer	Brian E. Donley	Two Newton Place, 255 Washington Street	<input checked="" type="checkbox"/> Add
		Newton, MA 02458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

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