2000000

(Re	equestor's Name)	
(Ac	ddress)	
(Ác	idress)	
(Cit	ty/State/Zip/Phone #)	
	TIAW	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
c Copies	Certificates o	f Status
al Instructions to Filir	ng Officer:	







A. RAMSEY

FEB 1 7 2023

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

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	ACCOUNT NO.	:	120000000	195	
	REFERENCE	:	499660	4305026	
	AUTHORIZATION	:			
	COST LIMIT	: (	SABS AOC	enan	
ORDER DATE :	February 14, 202	3			
ORDER TIME :	1:34 PM				
ORDER NO. :	499660-005				
CUSTOMER NO:	4305026				
<b>.</b>					

#### FOREIGN\_FILINGS

NAME: HPT IHG-2 PROPERTIES TRUST

XX\_\_\_\_ TRUST

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: Eyliena Baker -- EXT#

EXAMINER:

TO: Amendment Section Division of Corporations

SUBJECT: HPT IHG-2 Properties Trust

Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

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

Name of Contact Person

Area Code & Daytime Telephone Number

338-2868

Enclosed is a check for the following amount:

□\$35 Filing Fee

□ \$43.75 Filing Fee & Certificate of Status □ \$43.75 Filing Fee & Certified Copy

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at (\_\_\_\_

□ \$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 AUTHORI	Declaration of Trust TO FI ZATION TO TRANSACT BUS			PLICATIÓN FOR
	(Pursuant to s. 609.2	.)	2023 FEB	16 AM 10: 15
	SECTION 1 (1-3 MUST BE COMPLE			

D1200000003

(Document number of trust (if known)

HPT IHG-2 Properties Trust

	(Name of trust	as it appears on the records of the Department of State)	
Maryland		01/17/2012	

(Incorporated under laws of)

(Date authorized to do business in Florida)

SECTION II

### (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?

5.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

If the amendment changes the period of duration, indicate new period of duration. 6.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. 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

(Florida street address)

New Registered Office Address:

(City)

\_\_\_, Florida\_ (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.

Signature of New Registered Agent, if changing

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

Title/ Capacity	Name	Address	Type of Action
	Please see Exhibit A attached		Add
			CRemove
<u> </u>			🖸 Add
			CRemove
			QAdd
			ERemove
			[].Add
			Remove
			🖾 Add
			(Remove
<ol> <li>Attached is a of the applica under the law</li> </ol>	certificate or document of similar import, evid ation to the Department of State, by the Secretary as of which it is incorporated.	lencing the amendment, authenticated no v of State or other official having custody o	t more than 90 days prior to delivery of corporate records in the jurisdiction
	(Signature of a director	, president or other officer - if in the hand rt appointed fiduciary- by that fiduciary)	<u>is of</u>
	a receiver or other cou	reappointed nationary: by that inductary)	

Brian E. Donley

(Typed or printed name of person signing)

Chief Financial Officer and Treasurer (Title of person signing)

FILING FEE \$35.00

Name	Title	Address	Add / Remove
John G. Murray	President and Chief	Two Newton Place	Remove
1	Executive Officer	255 Washington Street.	
1		Suite 300	
l		Newton, MA 02458	
Mark L. Kleifges	Chief Financial Officer	Two Newton Place	Remove
	and Treasurer	255 Washington Street,	
1		Suite 300	
		Newton, MA 02458	
Ethan S. Bornstein	Senior Vice President	Two Newton Place	Remove
		255 Washington Street,	
		Suite 300	
		Newton, MA 02458	
Todd W. Hargreaves	President and Chief	Two Newton Place	Add
_	Investment Officer	255 Washington Street,	
		Suite 300	
		Newton, MA 02458	
Brian E. Donley	Chief Financial Officer	Two Newton Place	Add
	and Treasurer	255 Washington Street.	
	(	Suite 300	
[		Newton, MA 02458	

## Exhibit A

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