D95000000007

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certificates of Status	
s at Instructions to Filing Officer:	
Office Use Only	



500402808805







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. : I2000000195 REFERENCE : 499660 4305026 AUTHORIZATION : COST LIMIT : \$ 35,00

- - - - -

- ORDER DATE : February 14, 2023
- ORDER TIME : 1:37 PM

- ORDER NO. : 499660-015
- CUSTOMER NO: 4305026

FOREIGN FILINGS

NAME: SERVICE 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:

COVER LETTER

TO:	Amendment	Section	Division	of Co	rporations

SUBJECT:_ Service Properties Trust

Name of Corporation

DOCUMENT NUMBER: D9500000007

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

617 338-2868 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

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

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

(Pursuant to s. 609.2)

2023 FEB 16 AMII: 18

SECTION I (1-3 MUST BE COMPLETED)

D9500000007

(Document number of trust . (if known)

Service Properties Trust

(Name of trust	as it appears on the records of the Department of State)	_
	05/26/1995	

2. Maryland

(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)

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

(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:

(Citv)

(Zip Code)

, Florida

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	<u>Name</u>	Address	Type of Action
	Please see Exhibit A attached		🗋 Add
			Remove
			[]Add
			Remove
			QAdd
			Remove
			🔲 Add
			CRemove
			🗖 Add
			Remove
 Attached is a of the applica under the lay 	a certificate or document of similar import, evic ation to the Department of State, by the Secretary vs of which it is incorporated.		
	(Signature of a director a receiver or other cou	, president or other officer - if in the han rt appointed fiduciary, by that fiduciary)	ds of
Brian E.			icer and Treasurer
	(Typed or printed name of person signing)	() the of per	rson signing)

FILING FEE \$35.00

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Name	Title	Address	Add / Remove
Gerard M. Martin	TP	400 Centre Street,	Remove
		Newton, MA 02158	
John G. Murray	ST	400 Centre Street,	Remove
		Newton, MA 02158	
Barry M. Portnoy	T	One Post Office Square.	Remove
		Boston, MA 02109	
Todd W. Hargreaves	President and Chief Investment Officer	Two Newton Place 255 Washington St., Suite 300 Newton, MA 02458	Add
Brian E. Donley	Chief Financial Officer and Treasurer	Two Newton Place 255 Washington St., Suite 300 Newton, MA 02458	Add
Jennifer B. Clark	Secretary	Two Newton Place 255 Washington St., Suite 300 Newton, MA 02458	Add
Jacquelyn S. Anderson	Assistant Secretary	Two Newton Place 255 Washington St., Suite 300 Newton, MA 02458	Add
John G. Murray	Trustee	Two Newton Place 255 Washington St, Suite 300 Newton, MA 02458	Add
Adam D. Portnoy	Trustee	Two Newton Place 255 Washington St., Suite 300 Newton, MA 02458	Add

Exhibit A

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