

D97000000034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

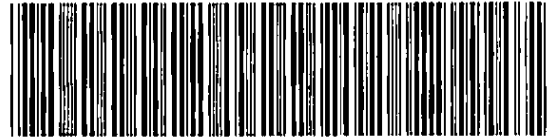
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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300403900793

*Amend*

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2023 MAR -8 PM 4:02

2023 MAR -8 AM 10:30

ALABAMA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY

MAR 09 2023

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

ACCOUNT NO. : I20000000195

REFERENCE : 1554167 4305026

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : March 8, 2023

ORDER TIME : 12:46 PM

ORDER NO. : 554167-005

CUSTOMER NO: 4305026

FOREIGN FILINGS

NAME: HPT SUITE 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: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** HPT Suite Properties Trust

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** D97000000034

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

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

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

D97000000034

(Document number of trust (if known))

1. HPT Suite Properties Trust

(Name of trust as it appears on the records of the Department of State)

2. Maryland

(Incorporated under laws of)

3. 12/11/1997

(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

Please see Exhibit A for amendment to the principal address of the foreign trust.

\_\_\_\_\_  
(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.

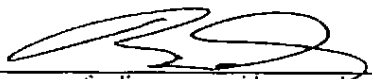
\_\_\_\_\_  
Signature of New Registered Agent, if changing

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Please see Exhibit B attached		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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  
(Typed or printed name of person signing)

Chief Financial Officer & Treasurer  
(Title of person signing)

**FILING FEE \$35.00**

**Exhibit A**

The principal address of the foreign trust is hereby amended to::

Two Newton Place  
255 Washington Street, Suite 300  
Newton, MA 02458

**Exhibit B**

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>Add / Remove</b>
John G. Murray	S	400 Centre Street Newton, MA 02458	Remove
Thomas M. O'Brien	T	400 Centre Street Newton, MA 02458	Remove
Alexander Notopoulos	AS	One Post Office Square Boston, MA 02109	Remove
Jennifer B. Clark	AS	One Post Office Square Boston, MA 02109	Remove
Gerard M. Martin	T	400 Centre Street Newton, MA 02458	Remove
Barry M. Portnoy	T	400 Centre Street Newton, MA 02458	Remove
Todd W. Hargreaves	President and Chief Investment Officer	Two Newton Place 255 Washington Street. Suite 300 Newton, MA 02458	Add
Brian E. Donley	Chief Financial Officer and Treasurer	Two Newton Place 255 Washington Street. Suite 300 Newton, MA 02458	Add
Jennifer B. Clark	Secretary	Two Newton Place 255 Washington Street. Suite 300 Newton, MA 02458	Add
Jacquelyn S. Anderson	Assistant Secretary	Two Newton Place 255 Washington Street. Suite 300 Newton, MA 02458	Add
John G. Murray	Trustee	Two Newton Place 255 Washington Street. Suite 300 Newton, MA 02458	Add
Adam D. Portnoy	Trustee	Two Newton Place 255 Washington Street. Suite 300 Newton, MA 02458	Add