

D98 000000004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

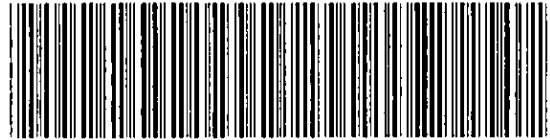
(Document Number)

and Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

al Instructions to Filing Officer.

Office Use Only



200402807842

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2023 FEB 17 PM 12:30

SECRET

*[Handwritten signature]*

RECEIVED  
2023 FEB 17 PM 3:27  
DIRECTOR  
CORPORATIONS  
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 508162 7373124

AUTHORIZATION :

*Eyliena Baker*

COST LIMIT : \$ 35.00

ORDER DATE : February 17, 2023

ORDER TIME : 2:29 PM

ORDER NO. : 508162-005

CUSTOMER NO: 7373124

2023 FEB 17 PM 12:30

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FOREIGN FILINGS

NAME: HPTCY 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 Corporations

**SUBJECT:** HPTCY Properties Trust  
Name of Trust

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

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shwetha Cherukuri

\_\_\_\_\_  
Name of Contact Person

The RMR Group LLC

\_\_\_\_\_  
Firm/Company

Two Newton Place, 255 Washington Street

\_\_\_\_\_  
Address

Newton, MA 02458

\_\_\_\_\_  
City/State and Zip Code

ebonc@rmrgroup.com

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

For further information concerning this matter, please call:

Shwetha Cherukuri

\_\_\_\_\_  
Name of Contact Person

at ( 617 )

796-8378

\_\_\_\_\_  
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

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**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN** Amendment to Declaration of Trust  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 609 )

FOR

**SECTION I**

(1-3 MUST BE COMPLETED)

D98000000004

(Document number of trust (if known))

HPTCY Properties Trust

1. \_\_\_\_\_  
(Name of trust as it appears on the records of the Department of State)
2. Maryland 3. 1/27/1998  
(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 the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Change in officers

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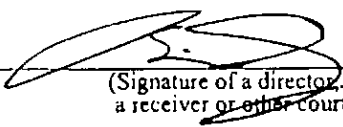
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<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Chief Financial Officer	Brian E. Donley	Two Newton Place, 255 Washington Street	<input checked="" type="checkbox"/> Add
		Newton, MA 02458	<input type="checkbox"/> Remove
President	John Murray		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Vice President, Treasurer and Secretary	Thomas M. O'Brien		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Trustee	Gerard Martin		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Trustee	Barry Portnoy		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

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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 Donley  
 (Typed or printed name of person signing)

CFO  
 (Title of person signing)

FILING FEE \$35.00

Exhibit A for HPTCY Properties Trust

	Title	Name	Address	Add/Remove
<b>Officers</b>	President and Chief Investment Officer	Todd W. Hargreaves	Two Newton Place 255 Washing Street Newton MA 02458	Add
	Chief Financial Officer and Treasurer	Brian E. Donley	Two Newton Place 255 Washing Street Newton MA 02458	Add
	Secretary	Jennifer B. Clark	Two Newton Place 255 Washing Street Newton MA 02458	Add
	Assistant Secretary	Jacquelyn S. Anderson	Two Newton Place 255 Washing Street Newton MA 02458	Add
<b>Trustees/Directors</b>		John G. Murray	Two Newton Place 255 Washing Street Newton MA 02458	Add
		Adam D. Portnoy	Two Newton Place 255 Washing Street Newton MA 02458	Add

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2023 FEB 17 PM 12:30

NOTARY PUBLIC  
JESSICA L. HARRIS, FL