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FILED

A. RAMSEY MAR 09 2023



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

> ACCOUNT NO. : I2000000195 REFERENCE : 554167

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AUTHORIZATION :

4305026 soulde man COST LIMIT : \$ 35.00'

ORDER DATE : March 8, 2023

- ORDER TIME : 12:47 PM
- ORDER NO. : 554167-010
- CUSTOMER NO: 4305026

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: Alexxis Weiland-sorenson -- EXT#

EXAMINER:



.

TO: Amendme	ent Section Division of Corporati	ons		
SUBJECT:	Y Properties Trust			
	Name	e of Corporation		
DOCUMENT NU	MBER:		<u> </u>	
The enclosed Ame	ndment and fee are submitted for	filing.		
Please return all co	rrespondence concerning this ma	tter to the following	3:	
Rachael Charest				
	Name of Contact Person		-	
Sullivan & Worces	ster LLP			
	Firm/Company		_	
One Post Office Sc	quare			
	Address		-	
Boston, MA 02109)			
	City/State and Zip Code		-	
rcharest@sullivanl	aw.com			
E-mail addre	ss: (to be used for future annual r	eport notification)		
For further informa	tion concerning this matter, plea	se call:		
Rachael Charest		617 at (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 Fili Certified Cop	•	\$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

	SECTI (1-3 MUST BE C			SE CIN	-51
D98	300000004				F
<u> </u>	(Document number of t	rust (if known)			111
1				COF M	
(Name of 2. Maryland	trust as it appears on th	e records of the Departm 3 01/27/1998	ent of State)		, r
(Incorporated unde	r laws of)	(Date authoriz	ed to do business	in Florida)	
	SECTI 7 COMPLETE ONLY THE	APPLICABLE CHAN			
4. If the amendment changes the name of incorporation?			e laws of its juris	diction of	
 <u>(Name of corporation after the amendment</u> not contained in new name of the corporation 	nent, adding suffix "corporation pration)	n," "company," or "incor	porated," or appr	opriate abbreviatio	on, if
(If new name is unavailable in Florida, e6. If the amendment changes the period			of transacting bu	siness in Florida)	
	(New du	ration)			
7. If the amendment changes the juris	diction of incorporation, indi	cate new jurisdiction.			
	(New juris	diction)			
8. <u>If amending the registered agent and</u> <u>new registered agent and/or the new</u>	/or registered office address registered office address:	in Florida, enter the na	me of the		
<u>Name of New Registered Agent</u> P	lease see Exhibit A for amendment	to the principal address of the	foreign trust.	_	
-	tFlorida street	address)		_	
New Registered Office Address:	(City)		, Florida (Zip (Tode)	
<u>New Registered Agent's Signature, i</u> I hereby accept the appointment as regi	f changing Registered Agent istered agent. I am familiar v	<u>::</u> with and accept the obliga	ttions of the posit	ion.	

Signature of New Registered Agent, if changing

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 B attached		🗖 Add
			CRemove
			Add
			CRemove
<u>-</u>			🗖 Add
			CRemove
			🗖Add
			CRemove
 Attached is a of the applica under the law 	certificate or document of similar import, evi tion to the Department of State, by the Secretar s of which it is incorporated.	dencing the amendment, authenticated not y of State or other official having custody of	more than 90 days prior to delivery feorporate records in the jurisdiction
	(Signature of a directo	r. president or other officer - if in the hands	s of
Drine	a receiver or other cou n E. Donley	irt appointed fiduciary, by that fiduciary)	
	(Typed or printed name of person signing)	Chief Financial Offic	
	() pred of printed name of person signing)	(Title of perso	on 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

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Name	Title	Address	Add / Remove
Gerard M. Martin	T	400 Centre Street	Remove
		Newton, MA 02158	
Barry M. Portnoy	<u>т</u>	400 Centre Street	Remove
	1	Newton, MA 02158	
John G. Murray	p p	400 Centre Street	Remove
		Newton, MA 02158	
Thomas M. O'Brien	VST ·	400 Centre Street	Remove
		Newton, MA 02158	
Jennifer B. Clark	AS	One Post Office Square	Remove
	1	Boston, MA 02109	
Todd W. Hargreaves	President and Chief	Two Newton Place	Add
-	Investment Officer	255 Washington Street.	
	1	Suite 300	
	1	Newton, MA 02458	
Brian E. Donley	Chief Financial Officer	Two Newton Place	Add
	and Treasurer	255 Washington Street,	
		Suite 300	
		Newton, MA 02458	
Jennifer B. Clark	Secretary	Two Newton Place	Add
]	255 Washington Street,	
		Suite 300	
		Newton, MA 02458	
Jacquelyn S. Anderson	Assistant Secretary	Two Newton Place	Add
		255 Washington Street.	
	1	Suite 300	
		Newton, MA 02458	
John G. Murray	Trustee	Two Newton Place	Add
		255 Washington Street.	
		Suite 300	
		Newton, MA 02458	
Adam D. Portnoy	Trustee	Two Newton Place	Add
		255 Washington Street.	
		Suite 300	
	1	Newton, MA 02458	