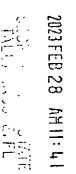
F1200004711

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	

Office Use Only



400399613274





ch3/1/2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 53B156 4305026
AUTHORIZATION :
COST LIMIT : \$ 35.00
ORDER DATE : February 28, 2023
ORDER TIME : 1:28 PM
ORDER NO. : 533156-015
CUSTOMER NO: 4305026
FOREIGN FILINGS
NAME: HPT CY TRS, INC.
XX CORPORATE 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 EXT#

EXAMINER:

COVER LETTER

TO: Amendm	ent Section Division of Corporati	ons	
SUBJECT: HPT (CY TRS, Inc.		
	Namo	of Corporation	
DOCUMENT NU	MBER: F12000004711		
The enclosed Ame	endment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	itter to the following:	
Rachael Charest			
	Name of Contact Person		
Sullivan & Worce	ster LLP		
	Firm/Company		
One Post Office S	quare		
	Address	<u>.</u>	
Boston, MA 0210	9		
	City/State and Zip Code		
rcharest@sullivan	law.com		
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, plea	se call:	
Rachael Charest		at ()_338-2868	
Name	e of Contact Person	Area Code & Daytimo	e Telephone Number
Enclosed is a chec	k 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

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (I-3 MUST BE COMPLETED)

2023 FEB 28 AM II: 41 STALTIMA SOLET, ATE

F120	00004711	IALL. II ASSES
	(Document number of corporation (if kn	nown)
HPT CY TRS, Inc.		
(Name of c	orporation as it appears on the records of the	
Maryland	33	
(Incorporated under	laws of) (Date	authorized to do business in Florida)
(4-7	SECTION II COMPLETE ONLY THE APPLICABLE	
	e corporation, when was the change effected	under the laws of its jurisdiction of
	7.7	
(Name of corporation after the amendment contained in new name of the corporation)	nt. adding suffix "corporation." "company," ation)	or "incorporated," or appropriate abbreviation, if
(If new name is unavailable in Florida, en	nter alternate corporate name adopted for the	purpose of transacting business in Florida)
6. If the amendment changes the perio	d of duration, indicate new period of duration	n.
	(New duration)	
7. If the amendment changes the jurisc	liction of incorporation, indicate new jurisdic	etion.
	(New jurisdiction)	
If amending the registered agent and/ new registered agent and/or the new r	or registered office address in Florida, ent egistered office address:	er the name of the
Name of New Registered Agent		
-	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if Thereby accept the appointment as regis	changing Registered Agent: tered agent —I am familiar with and accept	the obligations of the position.

Signature of New Registered Agent, if changing

tle/ Capacity	<u>Name</u>	Address	Type of Action
	Please see Exhibit A attached		
	-		Remove
			
	-		Remove
			QAdd
	-		Remove
			Add
	-		Ckemove
·			□Add
	_		Remove
Attached is a If the applica Inder the law	certificate or document of similar import, evide tion to the Department of State, by the Secretary is of which it is incorporated.	ncing the amendment, authentic of State or other official having c	cated not more than 90 days prior to del custody of corporate records in the jurisdi
	Signature of a director	president or other officer - if in	the hands of
	a receiver or other court	appointed liduciary; by that fid	uciary)
Bri	an E. Donley (Typed or printed name of person signing)		cial Officer & Treasurer le of person signing)

FILING FEE \$35.00

Exhibit A

Name	Title	Address	Add / Remove
John G. Murray	President, CEO	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	
Jacquelyn S. Anderson	Assistant Secretary	Two Newton Place	Add
		255 Washington Street.	
		Suite 300	
		Newton, MA 02458	
John G. Murray	Director	Two Newton Place	Add
_		255 Washington Street,	
		Suite 300	
		Newton, MA 02458	