Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future... annual report mailings. Enter only one email address please.

Email	Address:	

REGISTERED AGENT CHANGE HF SINCLAIR PAYROLL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	617,0502, 607,1508, or 617,1508, on organized under the laws of the or registered agent, or both, in the	State of Delaware
1. The name of	the corporation: HF Sinclair Payro	oll Services, Inc.	·
		nue, Suite 1400, Dallas, TX 75219	
3. The mailing a	address (if different):		
		Document number:	
	I street address of the current reg atment of State: (If resigned, ente	istered agent and registered office resigned)	on file with the
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND RO	AD	
	PLANTATION, FL 33324		
6. The name and (if changed):	f street address of the new registe	ered agent (if changed) and /or regi	stered office
	United Agent Group Inc.		
	801 US Highway 1		
	North Palm Beach, FL 33408	P.O. Box NOT acceptable	202
The street address changed will	ess of its registered office and the	e street address of the business o	ffice of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors been notified in writing of the ch	or by an officer, so ange.
Adia W		Adia Myles, Attorney-in-	Fact FS ?
I hereby accept I further agree of my duties, an document is bei	the appointment as registered a to comply with the provisions of d I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	Printed or typed agent and agree to act in this cape all statutes relative to the proper the obligation of my position as uge in the registered office address change.	acity.
Adia My	Jaa nature of Registered Agent	1/02/2025	
8/8	nature of Registered Agent	Dat	e
If signing on be	half of an entity:		
Adia Myles, Spe	· · · · · · · · · · · · · · · · · · ·	_	
Т	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *