Division of Corporations

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From:

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

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Address:	Email	STATE CAATIO FLORID		2
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LLC REGISTERED AGENT CHANGE HOLLYFRONTIER LSP SERVICES LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L. N	ame of the limited liability company: HollyFrontier L2	SP Servi	es LLC	•
2. (a)	2828 N HARWOOD STE 1300		(b) 282	28 N HARWOOD STE 1300
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DALLAS, TX 75201		ĐAI	LLAS, TX 75201
	09/01/2020		M200	
3.	Date of filing/registration in Florida	— 4.		Document number
5. (a)	C T CORPORATION SYSTEM			
J. (a)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	if the Flor	ida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET			
	PLANTATION, F	L_33324		. ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
(b)				
,,,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	address:	<u>~~~</u>
	United Agent Group Inc.			
	NEW Registered Office Address:			-
	North Palm Beach, F	L_33408		
change agent v was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the registe liability of the l	ne State cred off compan mited I	ice and the business office of the registered by, it is hereby confirmed that the changets) that the company or as otherwise provided in
-	ia Myles	A	dia Myle	es, Attorney-in-Fact
Signa	ture of Gnember or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	pree to a e perfor ed for it hereby	et in thi mance o Chapto confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605. F.S. Or, if this document is being filed withat the limited liability company has been

Adia Myles, Special Secretary

Adia Myles
Signature of Registered Agent