

F15 00001042
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000247979 3)))



H150002479793ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C. T. CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

FILED
2015 OCT 16 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
15 OCT 16 AM 11:01

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
LYFT FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

10/16/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lyft Florida, Inc
Name of Corporation

DOCUMENT NUMBER: F1500001042

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Elizabeth M. Gallagher
Name of Contact Person
Lyft, Inc
Firm/Company
2300 Harrison Street
Address
San Francisco, CA 94104
City/State and Zip Code
kristin@lyft.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth M. Gallagher at 707 722-7892
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Lyft Florida, Inc
- 2. The principal office address: 2300 Harrison Street San Francisco, CA 94104
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 3/12/2015 Document number: F15000001042

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Incorporating Services, LTD
1540 Glenway Drive
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

FILED
 2015 OCT 16 AM 10:38
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Logan Green

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

CT Corporation System
 By: _____
Signature of Registered Agent

October 15, 2015

Date

If signing on behalf of an entity:



Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (03/12)