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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

**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 MAPLEBEAR INC.

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Corporate Filing Menu

Help

To:

By:

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

statement of char	nge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of Delaware ered agent, or both, in the State of Florida.
1. The name of t	he corporation: Maplebear Inc.	
3. The mailing a	ddress (if different):	
4. Dateofincorpo	pration/qualification: 11/10/2015	Document number: F15000004976
	street address of the current registered a tment of State: (If resigned, enter resigne	gent and registered office on file with the d
	Cogency Global Inc.	
	115 North Calhoun Street, Suite 4	
	Tallahassee, FL 32301	
6. The name and street address of the new registered agent (if changed) and /or registered office (ifchanged):		
	C T Corporation System	
	1200 South Pine Island Road	
	P.O.Bor Plantation, Florida 33324	x NOT acceptable
The street addre	ss of its registered office and the street be identical.	address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.
/s/ Morgan For	តិ	Morgan Fong, Secretary
I hereby accept I further acree t	e of an officer or director the appointment as registered agent an o comply with the provisions of all stat d I am familiar with and accept the obli ng filed merely to reflect a change in th been notified in writing of this change.	Primed or typed name and title d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
Cyn	'An	5/18/2022
- V Sign	niture of Registered Agent	Date
If signing on be	nalf of an entity: red Younan	
——Assiş	ant-Secretary——	

* * * 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 (04/13)