03/09/18 08:10AM PST Registered Agent Solutions, inc. -> Florida SOS 06176380 Pg 2/4



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone

Fax Number

: (888)705-7274 : (888)706-7274

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 DOORDASH, INC.

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S. YOUNG

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03/09/18 08:10AM PST Registered Agent Solutions, inc. -> Florida SOS 06176380 Pg 3/4



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. DOORDASH, INC.

Name of Corporation

DOCUMENT NUMBER: F16000005658

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:

MARGOT MULLIN

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGOT MULLIN

.888

705-7274

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or regist	nized under the laws of the State o	<u>f DELAWARE</u>
	the corporation: DOORDASH, INC.		Tioriau.
2. The name of	office address: 116 NEW MONTGO	OMERY, 3RD FLOOR	
= =	NCISCO, CA 94105		
	nddress (if different):		•
4. Date of incorp	poration/qualification: 12/22/2016	Document number: F160	00005658
	d street address of the current registered artment of State: (If resigned, enter resigned		with the
	NATIONAL REGISTERED AG	ENTS, INC.	
	1200 SOUTH PINE ISLAND ROPLANTATION, FL 33324	AD	
6. The name and (if changed):	d street address of the new registered age	· · · · · · · · · · · · · · · · · · ·	office SECRETAR HAR
	155 Office Plaza Dr., Suite A		
P.O. Roy. NOT acceptable			
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	l by its board of directors or by a tified in writing of the change.	n officer so
	YANDELL	KEITH YANDELL	SECRETARY
I hereby accept I further agree of	the of an officer or director the appointment as registered agent an to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reli that the corporation has been notified i	utes relative to the proper and co occept the obligation of my positi	omplete on as registered
	yr .	02/08/2018	
_	nature of Registered Agent half of an entity:	Date	
	nell - Assistant Secretary		
	* * * FILING FE	E: \$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)