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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:

> REGISTERED AGENT CHANGE DOORDASH, INC.

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By:

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Delawate registered agent, or both, in the State of Florida.		
	he corporation: DOORDASH, INC	•		
7. The maine of the principal of the pri	office address: 303 2nd Street, Sout	th Tower, 8th Floor	<del></del>	
2. The principal	San Francisco CA 9		<del></del>	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 12/22/2016	Document number: F16000005658		
	street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)		
	REGISTERED AGENT SOLUTIO	ONS, INC.	1.4	
	155 OFFICE PLAZA DRIVE. STE	EA	1022	
	TALLAHASSEE, FL 32301		2022 HAR -4	
6. The name and (ifchanged):	street address of the new registere	ed agent (if changed) and /or registered office	· 2	
	C T Corporation System	,	T'S T	
	1200 South Pine Island Road			
P.O. Box NOT acceptable				
	Plantation, Florida 33324			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registe	red agent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer seen notified in writing of the change.	60	
Col	- Jan	Joe Davis, Vice President		
I hereby accept I further agree of my duties, an document is bei corporation has	d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this c	Printed or typed name and title tent and agree to act in this capacity, full statutes relative to the proper and complete pe the obligation of my position as registered agent, fully in the registered office address, I hereby confir thange.	erformance Or, if this m that the	
CT Corporation	ie Preatan	1/31/2022		
	nature de Registered Agent	Date		
If signing on be	half of an entity:			
-	o, Asst. Secretary	_		
T	vped or Printed Name	-		

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