Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023

Phone

: (850)205-8842

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for Gut annual report mailings. Enter only one email address pleasen

Email Address:

REGISTERED AGENT CHANGE **UBER TECHNOLOGIES, INC.**

Cartificate of Status	
Certificate of Status	
Certified Copy	0
Page Count	03
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Corporate Filing Menu

Help

2/3/2016 2:47:22 PM From: To: 8506176380(2/3)

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	UBER TECHNOLOGIES, INC. Name of Co	orporation
DOCU	MENT NUMBER: F13000004719	
The en	closed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter	to the following:
	Jamila WoodsName of Cor	ntact Person
	C T Corporation System	
	Firm/Co	mpany
	3 Winners Circle, Suite 301 Addi	ress
	Albany, NY 12205 City/State an	d Zip Code
	ryan.black@uber.com E-mail address: (to be used for fi	uture annual report notification)
For fur	ther information concerning this matter, please of	eall:
Jam	iila Woods	at (844) 477-4098 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Depart	rment 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

CR2E045 (03/12)

2/3/2016 2:47:22 PM From: To: 8506176380(3/3)

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

	•	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of	
-		registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: UBER TECHN	IOLOGIES, INC.	
2. The principal	office address: 1455 MARKET ST	REET, 4TH FLOOR, SAN FRANCISCO, CA 94103	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification; 10/30/2013	Document number: F13000004719	
	I street address of the current register tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	NRAI SERVICES, INC		
	1200 South Pine Island Road	ASC TO THE	
	Plantation, FL 33324	PER DI	
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered office and it is a second of the	
	C T Corporation System	FLOS	
	c/o C T Corporation System, 1200 South Pine Island Road		
P.O. Box NOT acceptable			
	Plantation, Florida 33324		
as changed will	be identical.	treet address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.	
Kinbooly Stainmet	>	Kimberly Steinmetz, Secretary	
Signatu	re of an officer or director	Printed or typed name and title	
I further agree performance of agent. Or, if th	to comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.	
C T Corporation System		2/1/2016	
Sig	Vincent nature of Registered Agent	Date	
If signing on be	half of an entity:		
Jenifer Vincent,	VP and Asst. Sec.		
Typed or Printed Name			

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