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Page 1 of 1

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000230240 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

R. WHITE 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 GENUINE PARTS COMPANY

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

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		.· ·
GENUINE PARTS COMPANY SUBJECT:		
N N	lame of Corporation	
DOCUMENT NUMBER:		
The enclosed Statement of Change of Register	ered Office/Agent and fee are submitted for fi	ling.
Please return all correspondence concerning t	this matter to the following:	•
Na		
Firm/Company		
Address		
Cit	ly/State and Zip Code	
E-mail address: (to be u	used for future annual report notification)	
•	•	
For further information concerning this matter	er, please call:	
Name of Contact Person	at (at Area Code & Daytime Teleph	none Number
Enclosed is a \$35.00 check made payable to ti	the Department of State.	
Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations Division of Corporation Clifton Building	

FLOCE - 05/20/2013 Welton Khowe Orline

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, th ized under the laws of the State of Georgia	is	
		ered agent, or both, in the State of Florida		
1. The name of t	ne corporation: GENUINE PARTS COMP	ANY		
2. The principal	office address: 2999 CIRCLE 75 PARKW	AY, ATLANTA, GA 30339		
		•		
3. The mailing a	ddress (if different): GPC FINANCE DEP	T, 2999 CIR 75 PKWY, ATLANTA, GA 30339		•
4. Date of incorp	oration/qualification: 04/20/1956	Document number: 810971	· 	-
	street address of the current registered a tment of State: (If resigned, enter resigne	gent and registered office on file with the did	• .	
	JOE KEPPEL		行の	
	1090 HAINES ST., JACKSONVILLE, FL 32206		ECRI LLA	2
	•			4
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered office	32 OF 3	n <u>P</u>
	C T Corporation System			ىد
	c/o C T Corporation System, 1200 South P	ine Island Road	NAME OF	57
	P.O. Box NOT	occeptable	A*-	
	Plantation, Florida 33324			
The street address changed will	ss of its registered office and the street be identical.	address of the business office of its registere	d agent,	
Such change was authorized by the	s authorized by resolution duly adopted to board, or the corporation has been no	by its board of directors or by an officer so tilied in writing of the change.		
		Carolina Botero, Secretary		
	te of an officer or director	Printed or typed name and title		
		d agree to act in this capacity. wes relative to the proper and complete eccept the obligation of my position as registe ect a change in the registered office address, n writing of this change.	sred I	
By: \_/\/\/	Amenidas System	10/16/2013		
	nature of Registered Agent half of an entity:	Date		
	•			
	Assistant Secretary  /pel 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)