

810971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

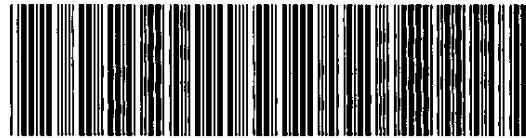
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts AUG 30 2010

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Genuine Parts Company  
Name of Corporation

DOCUMENT NUMBER: 810971

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:

Brad White

Name of Contact Person

Genuine Parts Company

Firm/Company

2777 Circle 75 Parkway

Address

Atlanta, GA 30339

City/State and Zip Code

Brad-White@genpt.com

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

For further information concerning this matter, please call:

Brad White

Name of Contact Person

at (770) 612-2051

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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Genuine Parts Company  
2. The principal office address: 2999 Circle 75 Parkway  
Atlanta, GA 30339  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 4/20/1956 Document number: 810971

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mike Foster

1090 Haines Street

Jacksonville, FL 32206

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Joe Keppel

1090 Haines Street

P.O. Box NOT acceptable

Jacksonville, FL 32206

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Carol Yancey

Signature of an officer or director

**CAROL B. YANCEY**  
**SR. VICE PRES. - FINANCE**  
**CORPORATE SECRETARY**

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Joseph Keppel

Signature of Registered Agent

8/5/10

Date

If signing on behalf of an entity:

Joseph Keppel

Typed 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 (8/05)

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