(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 590328 8027298				
AUTHORIZATION: Smelleleman				
COST LIMIT : \$ 35.00				
ORDER DATE : April 5, 2022				
ORDER TIME : 1:52 PM				
ORDER NO. : 590328-223				
CUSTOMER NO: 8027298				
CHANGE OF AGENT				
NAME: GENERAL PARTS, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker				
EXAMINER'S INITIALS:				

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

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation r to change its registered office or i	organized under the laws of the	State of North Carolina
1. The name of t	he corporation: GENERAL PART	S, INC.	
2. The principal	office address: 2635 E. Millbrook I	Road, Raleigh, NC 27604	
3. The mailing a	ddress (if different): P.O. Box 260	006, Raleigh, NC 27611	
	poration/qualification: 07/19/1993		F93000003304
5. The name and	street address of the current regist trnent of State: (If resigned, enter n	ered agent and registered office	on file with the
	NRAI Services, Inc		2022
	1200 South Pine Island Road		ZÜZZ APR
	Plantation	FL 33324	1 72
6. The name and (if changed):	istered office		
	1201 Hays Street		
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
as changed will			
Such change was authorized by th	is authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors een notified in writing of the ch	or by an officer so ange.
Xi	e E agni	Jill Cilmi, Vice Preside	nt
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of a large that an increase the comply with the provisions of a large to the complete the complete that a change that a cha	ll statutes relative to the prope ne obligation of my position as e in the registered office addres	acity. r and complete performanc
By:	1. M Lei	04/08/2022	
Sign	nature of Registered Agent	Dat	e
If signing on be	half of an entity:		
	, Asst. Vice President yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (04/13)