Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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

\*\*Enter 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 FAMILY DOLLAR OPERATIONS, INC.

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

## **COVER LETTER**

4

Division of	Corporations	
SUBJECT:	Family Dollar O	perations, Inc.
BOMBOI.	Name of	Corporation
DOCUMENT NUM	MBER:	799000001482
The enclosed Staten	ent of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all con	respondence concerning this mat	ter to the following:
_		
	Name of C	ontact Person
_	Finm/	Company
_		
	Ac	dress
_	City/State	and Zip Code
	mreinhardt@fr	milydollar.com
<u>E</u>		future annual report notification)
	•	•
For further information	on concerning this matter, please	call:
	•	
Name	of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00 (	check made payable to the Depar	rtment of State.
	<b>1</b> 4 10 .	_
	Malling Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassec, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

:

TO: Amendment Section

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

statement of c	e provisions of sections 607.0502, 617. hange is submitted for a corporation or ler to change its registered office or ref	ganized under the laws of the State of	North Carolina
1. The name o	f the corporation: Pamily Dollar Operation	ons, Inc.	
2. The principa	al office address: 10401 MONROE ROA	D, MATTHEWS, NC 28105	
3. The mailing	address (if different): PO BOX 1017, C	HARLOTTE NC 28201	
4. Date of inco	rporation/qualification: 02/08/199	Document number:	F9900001482
	d street address of the current registere artment of State: (If resigned, enter resi		ith the
	CORPORATION SERVICE COMPA	NY	_
	1201 HAYS STREET		- A
	TALLAHASSEE, FL 32301		
6. The name an (if changed):	d street address of the new registered a	gent (if changed) and /or registered off	
	C T Corporation System		<b></b>
	o/o C T Corporation System, 1200 Sout	h Pine Island Road	-
		NOT noceptable	
	Plantation, Florida 33324		
The street addn is changed will	ess of its registered office and the stre be identical.	et address of the business office of it	s registered agent,
Such change wi authoriz <i>p</i> d by th	as authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by an notified in writing of the change.	officer so
Viin	in the	Jaimie Patti, Secreta	itÀ
plenalu	e of an officer or director	Printed or typed name and tit	
ocument is bet orporgiion has	the appointment as registered agent to comply with the provisions of all st d I am familiar with and accept the one filed merely to reflect a Change in been notified in writing of this chant	and agree to act in this capacity, atutes relative to the proper and com bligation of my position as registered the registered office address, I hereb 36.	plete performance dagent. Or, if this ry confirm that the
By: Kol	Corporation System	7/8/2010	
-	nature of Registered Agent half of an entity:	Dato	
-	Assistant Socretary		
T	ped of Tillied realine		

\* \* \* 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)