858253

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ACCOUNT NO. : 072100000032

REFERENCE: 878882

7362154

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: January 3, 2003

ORDER TIME : 8:24 AM

ORDER NO. : 878882-130

CUSTOMER NO: 7362154

CUSTOMER: Renee Yuen

Dollar General Corporation

100 Mission Ridge

Goodlettsville, TN 37072

CHANGE OF AGENT

NAME: DOLGENCORP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

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

Pursuant to th	he 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
Kentucky	in order to change its registered office or registered agent, or both, in the State
of Florida.	
1. The name of	f the corporation: DOLGENCORP, INC.
2. The principa	al office address: 100 Mission Ridge
Goodlettsv	ville, TN 37072
3. The mailing	g address (if different):
	300
4. Date of inco	orporation/qualification: October 26, 1983 Document number: 858253
	nd street address of the current registered agent and registered office on file with the sartment of State:
Piorida Dep	CT Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name a changed):	and street address of the new registered agent (if changed) and /or registered office (if
	Corporation Service Company
	1201 Hays Street (P.O. Box or personal mailbox NOT acceptable)
	Tallahassee, FL 32301
The street add agent, as chan	lress of its registered office and the street address of the business office of its registered aged will be identical.
17/11	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. Susan Langan, Victor President, Corporate Secretary (Printed or typed name and title)
I hereby accept further agree performance of registered age office address	pt the appointment as registered agent and agree to act in this capacity, be to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as ent. Or, if this document is being filed merely to reflect a change in the registered s, I hereby confirm that the corporation has been notified in writing of this change. Service Company
If signing on beh	(common or regions)

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

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