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.

(((H100001604923)))



H100001604923ABCX

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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 adoress please.

V-017	Address:	
	AUULEDS:	

REGISTERED AGENT CHANGE FAMILY DOLLAR SERVICES, INC.

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

COVER LETTER

TO: Amendment S Division of C	Section orporations				
SUBJECT:	Family Dollar Serv	ices, Inc.			
	Name of Co	poration			
DOCUMENT NUMI	BER:F030	000005551			
The enclosed Stateme	nt of Change of Registered Office	Agent and fee are submitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
- ar	Name of Cont	act Person			
-	Firm/Company				
	Address				
	City/State and	Zip Code			
	mreinhardt@famil	ydoliar.com			
E-r	nail address: (to be used for fut	ure annual report notification)			
For further information	concerning this matter, please cal	1:			
		at () Area Code & Daytime Telephone Number			
Name o	f Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 ch	eck made payable to the Departme	ent of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

CR2E045 (8/05)

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

statement of ch	ange is submitted for a co	rporation organiz	, 007.1308, or 017.1308, Fic ed under the laws of the Sta. ed agent, or both, in the Stat	te of North Carolina		
	the corporation: Family D		_	o oy 2 sos nam.		
2. The principal	office address: 10401 MG	ONROE ROAD, M	ATTHEWS, NC 28105			
3. The mailing	address (if different): PO I	30X 1017, CHAR	LOTTE NC 28201			
4. Date of incor	poration/qualification:	11/06/2003	Document number:	F03000005551		
	d street address of the curr rtment of State: (If resigne		ent and reg istered office on fi	le with the		
	THE PRENTICE-HALL	CORPORATION	SYSTEM, INC.			
	1201 HAYS STREET					
	TALLAHASSEE, FL 32301					
6. The name and (if changed):	I street address of the new	registered agent	(if changed) and /or registere	ed office		
	C T Corporation System					
	c/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT acceptable Plantation, Florida 33324					
The street address changed will	ess of its registered office be identical.	and the street ad	dress of the business office	of its registered agent,		
Such change was authorized by th	is authorized by resolution to board, or the corporati	on duly adopted b on has been notif	y its board of directors or blied in writing of the change	by an officer so		
Joseph	unie tath	 _	Jaimie Patti, S	-		
hereby accept further agree to fmy duties, and locument is bein corporation has	the appointment as regis o comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	tered agent and d ions of all statute accept the obliga a change in the r of this change.	reree to act in this capacity is relative to the proper and tion of my position as regis egistered office address, t			
ву: К 8/2	Corporation System		7/8/2010	0		
Sign	ature of Registered Agent		Date			
f signing on bel	nalf of an entity:					
	Assistant Secretary					
13)		* 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)