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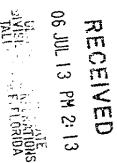
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DSJ Investments II, LLC (Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
John F. Gilroy, III, P.A. (Name of Person)	TALLAH T
(Firm/Company) 1435 East Piedmont Drive, Suite 100 (Address)	TILED 2006 JUL 13 M 9: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Tallahassee, FL 32308 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, pl	lease call:
John F. Gilroy, III, P.A. at (850) 385-1368
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	aount:
	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

The name of the limited liability company is: DSJ Investments II, LLC	
2. The mailing address of the limited liability company is: P.O. Box 2568 Hick	kory, NC 28603
2. The making decrees of the inflict identity company is .	
8/05/03 L03000028725	
3. Date of filing/registration in Florida 4. Document number	er
5. The name of the registered agent and the registered office address as shown on Florida Department of State:	the records of the
R. Bruce McKibben, Jr. Esq.	
Name	
3520 Thomasville Road, Suite 200A	
Address	
Tallahassee, FL 32308	. =
City, State and Zip	PS B
6. The name and address of the new registered agent and/or office:	TAECRETARY OF STATE TAECRETARSSEE, FLORIDA
John F. Gilroy, III, P.A.	SE S
Name	四星
1435 East Piedmont Drive, Suite 100	FLS7 9:
Florida street address (P.O. Box NOT acceptable)	08
Tallahassee FL 32308	<u> </u>
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Flor confirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized be of the members of the limited liability company or as otherwise provided in the are or the operating agreement of the limited liability company.	the registered office
Signature of a member or authorized representative of a member)	
Charles E. Trefzger, Jr.	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacitomply with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligations of my position as registered age Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in address, I hereby confirm that the limited liability company has been notified in with the company has been notified in which the company has been notified in	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00