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COVER LETTER

то:	Registration Section Division of Corporations	·*	
SUBJ	UBJECT: DJ, LLC		
	Name of	Limited Liability Company	
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	g this matter to the following:	
	SUSAN LAPINSKI		
-	Name of Person	<del> </del>	
	QUARLES & BRADY LLF	P	
	Firm/Company		
	411 E WISCONSIN AVE STE	2040	
	Audiess		
<del>-</del> .	MILWAUKEE WI 53202 City/State and Zip Code	<u> </u>	
	hill@ingnaples.com		
E	bill@ipgnaples.com -mail address: (to be used for future annual report	notification)	
For fi	urther information concerning this mat	tter, please call:	
	SUSAN LAPINSKI	at ( 414 ) 277-5189	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section		Registration Section	
		Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the following	ing amount:	
	\$25 Filing Fee	\$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.

Name of the limited liability company:	DJ, LLC	
2. (a) Principal office address of limited liability compan	y: 375 SEABEE AVENUE	
(Note: MUST BE STREET ADDRESS)	NAPLES FL 84908	
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	SAME SSEE, FL	
01/05/2006  3. Date of filing/registration in Florida	L06000001857 3	
5. (a) Registered Agent and Registered Office shown on Registered Agent:	Investment Properties Corporation	
Registered Office Address:	3838 Tamiami Tr Noith 402 NAPLES FL 34103	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:	
NEW Registered Agent:	WILLIAM V. GONNERING	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	CIO FUVESTMENT PROPERTOS CURA 3838 TAMIAMI TRAIL NORTH, SUITE 402 NAPLES ,FL 34103-3586	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the fand the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office	
WILLIAM V. GONNERING Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to maddress. I hereby confirm that the limited liability compand	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.	
Division of Corporations, P.Q. Box 63	– 327, Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18 (05/08)