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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: J GIORDANO SECUI (Name o	IRITIES LLC of Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerni	ing this matter to the following:		
Terry Tarwater		~ >	
(Name of Person)	SEC.	1007	
Charles Baclet and Associates (Firm/Company)	s, Inc.	2007 AUG 21	
2030 Main Street, Suite 1030) <u>.</u>	
(Address)	e e e e e e e e e e e e e e e e e e e	9	
Irvine, California 92614			
(City/State and Zip Code)			
For further information concerning this m	natter, please call:		
TERRY TARWATER	at (949) 955-9585		
(Name of Person)	(Area Code & Daytime Telephone N	lumber)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	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 follow	wing amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (8/05)

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.

1. The name of the limited liability c	ompany is: J GIORDANO SECURITIES LLO	C
2. The mailing address of the limited	liability company is:	
1234 Summer Street, Stamford, CT 069	05	
April 28, 2006	M06000002553	
3. Date of filing/registration in Florida 4. Document no		nber
5. The name of the registered agent a Florida Department of State:	nd the registered office address as shown of	on the records of the
Jack Spieg	elman	
	Name	20 TA:
1800 Corpo	orate Blvd N.W. Ste 203	Z007 AUG SECRETA
	Address	
Boca Rator	n, FL 33431	SE D
	City, State and Zip	SE S
6. The name and address of the new r	egistered agent and/or office:	AUG 21 ATTO: 56 ARETARY OF STATE AHASSEE, FLORIC
NRAI Servi	ces. Inc.	
	Name	56 56
2731 Execu	tive Park Drive, Suite 4	
Florida st	reet address (P.O. Box NOT acceptable)	
Weston	FL 33331	
	City, State and Zip	
confirmed that after the change or chand the business office of the register liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limited liability or the operating agreement of the limited lim		of the registered office of a Florida limited d by an affirmative vote
(Printed or typed name of signee) I hereby accept the appointment as recomply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the limit NRAI Services, Inc.	egistered agent and agree to act in this causes relative to the proper and complete pay obligations of my position as registered in its being filed to merely reflect a change ited liability company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office a writing of this change.

(Signature of Registered Agent)
JoAn T. Petty, Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

INHS18 (8/05)