

F08000005298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

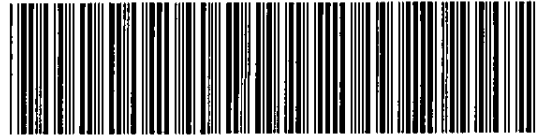
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900235047739

*Name Change
Amend*

05/22/12--01007--021 **43.75

FILED
2012 JUN -4 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**00789, 00524, 00671*

*DR
6/18/12*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2012

Marion Vomhof
First Allied Securities
655 W. Broadway-12th Floor
San Diego, CA 92101

SUBJECT: ADVANCED EQUITIES INSURANCE SERVICES, INC.
Ref. Number: F08000005298

We have received your document for ADVANCED EQUITIES INSURANCE SERVICES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct your application to show the name of the corporation changing from Advanced Equities Insurance Services, Inc. to First Allied Insurance Services, Inc. Please remove the name Fasi Insurance Services Inc from paragraph 5 and substitute First Allied Insurance Services Inc on that line. THEN you will need to file another amended application to show the name change from First Allied Insurance Services, Inc. to FASI Insurance Services, Inc. I have included an extra form for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 712A00015297

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVANCED EQUITIES INSURANCE SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: F08000005298

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARION VOMHOF
Name of Contact Person

FIRST ALLIED SECURITIES, INC.
Firm/Company

655 W-BROADWAY 12th FLR
Address

SAN DIEGO, CA 92101
City/State and Zip Code

mvomhof@firstallied.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARION VOMHOF at (619) 702-9726
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

ALREADY SUBMITTED

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6325
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
AM 9 47
TALLAHASSEE, FL
FILING

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F08000005298

(Document number of corporation (if known))

FILED
2012 JUN -4 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. ADVANCED EQUITIES INSURANCE SERVICES, INC.
(Name of corporation as it appears on the records of the Department of State)

2. CA
(Incorporated under laws of)

3. 12/15/2008
(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 2/14/2011

5. FIRST ALLIED INSURANCE SERVICES, INC.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

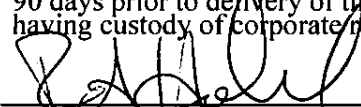
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

ROBERT S. HOLCOMB

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

State of California
Secretary of State

CERTIFICATE OF FILING

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **14th day of February, 2011**, there was filed in this office an amendment changing the corporation name from **ADVANCED EQUITIES INSURANCE SERVICES, INC.**, a California corporation, to **FIRST ALLIED INSURANCE SERVICES, INC.**

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 3, 2011.



Debra Bowen

DEBRA BOWEN
Secretary of State