

FO8000005298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

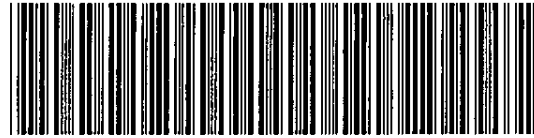
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Name Change
Amend*

06/18/12--01002--018 **35.00

FILED
2012 JUN -4 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*AOR
6/18/12*

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)

F0800000 5298

(Document number of corporation (if known))

2012 JUN -4 PM 3:22
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. FIRST ALLIED 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? 8/22/11

5. FASI 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)

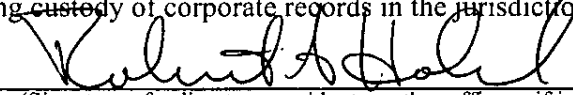
6. If the amendment changes the period of duration, indicate new period of duration.

(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 **22nd day of August, 2011**, there was filed in this office an amendment changing the corporation name from **FIRST ALLIED INSURANCE SERVICES, INC.**, a California corporation, to **FASI INSURANCE SERVICES, INC.**

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 31, 2011.



Debra Bowen

DEBRA BOWEN
Secretary of State

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FASI INSURANCE SERVICES, INC.

FILE NUMBER: C2653131
FORMATION DATE: 05/21/2004
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of March 07, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State