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(Re	equestor's Name)	
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**35 AA



Affidavit Changing 0/D 9-6-12 DC Fax Cover Sheet

To: Darlene

Fax: 850.245.6897

Pages: 3 (incl cover)

From: Matthew Smith

Company: Advanced Solutions Consulting Group, Inc.

Darlene – Thank you for your assistance. As discussed yesterday I submitted the incorrect form for the amendment to our organization's filing. I have attached the "Foreign" document as you instructed and will mail the original today. You will receive the overnight UPS package today with the \$35.00 check.

Thank you again,

Matthew Smith

CR2E127 (10/11)

COVER LETTER

Division of Corporations	
SUBJECT: Advances Solutions Con	ration Group, IAC.
DOCUMENT NUMBER: F12 000000 2	<u>.8</u>
The enclosed Affidavit by Foreign Corporation to Change submitted for filing.	/Add Officer(s) and/or Director(s) and fee are
Please return all correspondence concerning this matter to	he following:
MATTHEW Smith Name of Contact Person	-
Advances Solutions Cousalting Group Firm/Company	, IAC.
5010 WEST CARMEN ST 2290 Address	_
TAMEA FL. 33609 City/State and Zip Code	
MSMITH & ABYANCES SOLUTIONS CONSU E-mail address: (to be used for future annual report notification)	Hug. Net
For further information concerning this matter, please call:	
MATTHEU SMITH at (813 Name of Contact Person Area Code	2062 & Daytime Telephone Number
Certificate of Status Certif	i Filing Fee & S52.50 Filing Fee, ed Copy Gentificate of Status & Certified Copy
Amendment Section Amen Division of Corporations Divisi P.O. Box 6327 Cliftor Tallahassee, FL 32314 26611	Address: Iment Section on of Corporations of Building Executive Center Circle assee, FL 32301

CR2E127 (10/11)







AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

 The name of the foreign corpora 	ation as it appears on the records of the Florida Department of State is:
AdvANCED SO	lutions Couse Hing Group, INC.
	ansact business in Florida on 1/3/20/2 and its Florida document
3. This corporation was formed un	der the laws of NEVADA
4. The name and address of each of	officer and/or director is as follows:
Title:	Name and Address
VCVP	MARTHEW South
	5010 W. CARNED ST #2270 TAMPA, FL 33609
·	
(A)	tach additional pages if necessary)
Signature of an office or director	VCVP Title of person signing
yped or printed name of person signing	FILING FEE \$35 Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314