

MAD00000445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

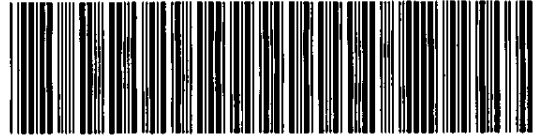
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300294885553

RECEIVED
DEPARTMENT OF REVENUE
17 JAN 31 PM 2:36

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 31 AM 7:34

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 1/31/17
ACCT. I2016000072

Eric Dill

| | |
|-------------|------------------------|
| Name: | BrightHouse Securities |
| Document #: | |
| Order #: | 10326037 |

| | | | |
|-----------------------------------|--|-------------------------|--|
| Certified Copy of Arts & Amend: | | | |
| Plain Copy: | | | |
| Certificate of Good Standing: | | | |
| Apostille/Notarial Certification: | | Country of Destination: | |
| | | Number of Certs: | |

| | |
|---------------|--------------|
| <u>Filing</u> | Certified: |
| | <u>Plain</u> |
| | COGS: |

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 25

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MetLife Associates, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jane LaVenture

Name of Person

MetLife

Firm/Company

11225 North Community House Road, 06.463

Address

Charlotte, NC 28277

City/State and Zip Code

jane.laventure@metlife.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MetLife Associates LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M00000000445

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03-07-2000

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Bighthouse Securities, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

BHS Securities, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FILED
17 JAN 31 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

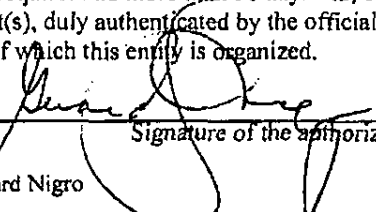
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

17 JAN 31 AM 7:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative
 Gerard Nigro

 Typed or printed name of signee

Filing Fee: \$25.00

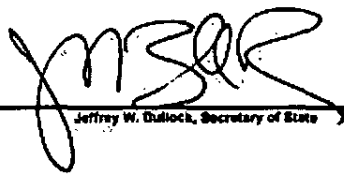
Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "METLIFE ASSOCIATES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BRIGHTHOUSE SECURITIES, LLC" ON THE EIGHTH DAY OF AUGUST, A. D. 2016, AT 2:07 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

825370 8320
SR# 20170104312

Authentication: 201833499
Date: 01-06-17

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "METLIFE ASSOCIATES LLC", CHANGING ITS NAME FROM "METLIFE ASSOCIATES LLC" TO "BRIGHOUSE SECURITIES, LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF AUGUST, A.D. 2016, AT 2:07 O'CLOCK P.M.



825370 8100
SR# 20170103415

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 201833137
Date: 01-06-17

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:07 PM 08/08/2016
FILED 02:07 PM 08/08/2016
SR 20165267216 - File Number 825370

**CERTIFICATE OF AMENDMENT
TO THE CERTIFICATE OF FORMATION
OF
METLIFE ASSOCIATES LLC**

1. The name of the limited liability company is MetLife Associates LLC (the "Limited Liability Company").
2. The Certificate of Formation of the Limited Liability Company is hereby amended as follows:

The name of the limited liability company is Brighthouse Securities, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of MetLife Associates LLC this 5th day of August 2016.

METLIFE ASSOCIATES LLC

By: 

Name:

Title:

Jeffrey P. Halperin

SVP - Chief Compliance Officer