

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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**REGISTERED AGENT CHANGE
AXA EQUITABLE LIFE INSURANCE COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AXA EQUITABLE LIFE INSURANCE COMPANY
Name of Corporation

DOCUMENT NUMBER: 800416

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Name of Contact Person
Corporation Service Company
Firm/Company
1201 Hays Street
Address
Tallahassee, FL 32301
City/State and Zip Code
info@cscglobal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AXA EQUITABLE LIFE INSURANCE COMPANY
2. The principal office address: 1290 AVENUE OF THE AMERICAS
NEW YORK NY 10104 US
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/06/1912 Document number: 800416
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
DONALD WOLGAST
9130 S DADELAND BLVD STE 1400
MIAMI FL 33156 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
P.O. Box NOT acceptable
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Denise Tedeschi Denise Tedeschi
Signature of an officer or director AWP + Assistant Secretary
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company
By [Signature] 11-1-12
Signature of Registered Agent Date

If signing on behalf of an entity:
Sue G. Knight
Assistant Vice President
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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DIVISION OF CORPORATIONS
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