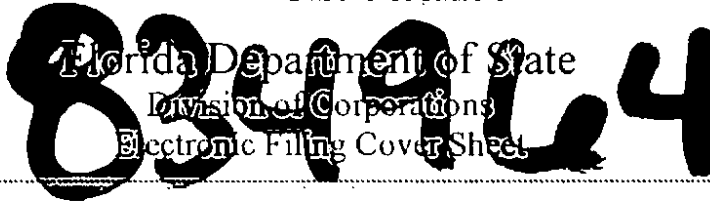


4/9/2020

Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000105717 3)))



H200001057173ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
MONEY LIFE INSURANCE COMPANY OF AMERICA**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

2020 APR -9 PM 4:44

2020 APR -9 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: **MONY Life Insurance Company of America**

Name of Corporation

DOCUMENT NUMBER: **834964**

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

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 check for the following amount:

☐ \$35 Filing Fee☐ \$43.75 Filing Fee &
Certificate of Status☐ \$43.75 Filing Fee &
Certified Copy☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy**Mailing Address:**Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**Street Address:**Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DocuSign Envelope ID: 4B7678A8-029C-42BB-9814-35A488FFBE32

H20000105717 3

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)

834964

(Document number of corporation (if known))

1. MONY Life Insurance Company of America

(Name of corporation as it appears on the records of the Department of State)

2. Arizona

(Incorporated under laws of)

3. 09/05/1975

(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? 01/06/2020

5. Equitable Financial Life Insurance Company of America

(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. If the amendment changes the jurisdiction of organization, indicate new jurisdiction.

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2020 APR -9 AM 8:23

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<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
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. 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.

DocuSigned by:

Rosa Iturbides

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

Rosa Iturbides

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE \$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 APR -9 AM 8:23

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STATE OF ARIZONA



Office of the CORPORATION COMMISSION

The Executive Director of the Arizona Corporation Commission does hereby certify that the records of this agency show that

MONY LIFE INSURANCE COMPANY OF AMERICA

was incorporated or formed on the 6th day of March, 1969.

The Executive Director further certifies that the above named entity changed its name to:

EQUITABLE FINANCIAL LIFE INSURANCE COMPANY OF AMERICA

on the 06th day of January, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission on this date: March 24, 2020.



Matthew Neubert

Matthew Neubert, Executive Director

By: *Beth Ann Kline*

H23000105717