## Florida Department of State

## **Division of Corporations** Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number

: (614)573-3996

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## REGISTERED AGENT CHANGE FORTITUDE LIFE INSURANCE & ANNUITY COMPANY

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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To:

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

statement of cha	nge is submitted for a corporation or	0502, 607,1508, or 617,1508, Florida Si ganized under the laws of the State of $\Lambda$ gistered agent, or both, in the State of Fl	rizona	his ———
1. The name of t	he corporation: FORTITUDE LIFE IN	SURANCE & ANNUITY COMPANY		
2. The principal	office address: Ten Exchange Place, So	ille 2210. Jersey City, NJ 07302		
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 10/05/1976	Document number: 837140		
	street address of the current registere tment of State: (If resigned, enterresi	ed agent and registered office on file with gned)	h the	
	CHIEF FINANCIAL OFFICER			
	200 E. GAINES ST		• •	2024
	TALLAHASSEE, FL 32399-0000			2024 MAR 2
6. The name and (ifchanged):	street address of the new registered a	ngent (if changed) and /or registered offic	cén (r	<u>.                                    </u>
	C T Corporation System			ا مِب
	1200 South Pine Island Road		ŗ.,	36
	Plantation, Florida 33324	Box NOT acceptable		
The street addre as changed will	ss of its registered office and the str be identical.	eet address of the business office of its	register	ed agent,
		oted by its board of directors or by an o motified in writing of the change.		
رک		Jeffrey Burman, Secretary		
• • •	e of all office or director	Printed or typed name and title		
corporation nas	oven noujiya in writing of this chai	and agree to act in this capacity, statutes relative to the proper and composition as registered in the registered office address. Therebyige.	olete per agent, ( confirm	formance Or, if this n that the
C T Corporation	System Surface	3/21/2024		
Sigi	inture of Registered Agent Kaity Toon.	Asst. Secretary		
If signing on be	nalf of an entity:			
	ped 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 (04/13)

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