5/17/24, 2:44 PM



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.

(((H240001786213)))



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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

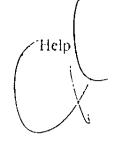
Email	Address:			

REGISTERED AGENT CHANGE MUTUAL OF AMERICA LIFE INSURANCE COMPANY

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



To:

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

statement of chai	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida S n organized under the laws of the State of $ ilde{ extstyle \textstyle \texts$	lew York
		r registered agent, or both, in the State of Fi	lorida.
1. The name of the	he corporation: Mutual of Americ	a Life Insurance Company	
2. The principal of	office address: 320 PARK AVENU	JE, NEW YORK, NY 10022	,,
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 07/27/1981	Document number: 849836	
The name and Florida Depart	street address of the current regi- ment of State: (If resigned, enter	stered agent and registered office on file wit resigned)	h the
	Chief Financial Officer		
	200E. Gaines St		~
	Tallahassee, FL 32399-0000		024 P
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered offi	I
	C T Corporation System		SSEE
	1200 South Pine Island Road		AM 8: 11
	Plantation, Florida 33324	P.O. Box NOT acceptable	<u> </u>
The street address changed will be	ss of its registered office and the be identical.	street address of the business office of its	registered agent,
Such change was authorized by the	s authorized by resolution duly a e board, or the corporation has b	ndopted by its board of directors or by an o	officer so
Kno lorose		KARA KOROSEC, SECRETARY	
I hereby accept to I further agree to of my duties, and document is bein corporation has	o comply with the provisions of a I I am familiar with and accept to g filed merely to reflect a chang been notified in writing of this c System	Printed or typed name and title gent and agree to act in this capacity; all statutes relative to the proper and comp the obligation of my position as registered ge in the registered office address, I hereby change.	
Sinn	antre of Registered Agent	05/14/2024 - Date	
lf signing on beh		Vanc	
	CK, ASSISTANT SECRETARY		
	ped or Printed Name	-	
	* * * FILI;	NG 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)

By: