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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

3: 24

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REGISTERED AGENT CHANGE FORTITUDE LIFE & ANNUITY SOLUTIONS, INC.

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A. RAMSEY

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By:

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delawate or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: FORTITUDE LIF	FE & ANNUITY SOLUTIONS, INC.	
2. The principal	office address: 340 Seven Springs	Way, Brentwood, TN 37027	
3. The mailing a	ddress (if different):		
4. Dateofincorpo	oration/qualification: 08/15/2018	В Document number: F18000003766	
	d street address of the current regi tment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	CORPORATION SERVICE COM	MPANY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301-2523		
6. The name and (ifchanged):	d street address of the new registe	ered agent (if changed) and /or registered office	
	C T Corporation System		
	1200 South Pine Island Road		
	P.O. Box NOT acceptable		
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the identical.	e street address of the business office of its registered agent.	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
/s/ Jeffrey	Burman	Jeffrey Burman, EVP & General Counsel	
Signatur	re of an officer or director	Printed or typed name and title	
I further agree i of my duties, an document is bei	to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	gent and agree to act in this capacity. Tall statutes relative to the proper and complete performance The obligation of my position as registered agent. Or, if this tige in the registered office address, I hereby confirm that the change.	
/s/ Joe Dav	•	8/8/2022	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Joe Davis, Asst.	Secretary	_	
T	yped or Printed Name	_	
	* * * FIL	ING FEE: \$35.00 * * *	