M16000010360

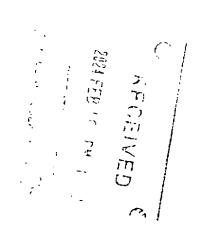
	_
	(Requestor's Name)
	(Address)
	(Address)
	(100.033)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
	,
0-140	
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



100423912591





A. HUNT 02/16/24 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 322725 7456186

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: February 15, 2024

ORDER TIME : 1:11 PM

ORDER NO. : 322725-020

CUSTOMER NO: 7456186

FOREIGN FILINGS

NAME: AIG ASSET MANAGEMENT (U.S.),

LLC

CORPORATE
LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: ___

TO:

COVER LETTER

_	stration S sion of C	Section orporations				
SUBJECT:	AIG Ass	et Management (U.S.), LL				_
		Name of Foreig	gn Limited Lia	bility Company		
Dear Sir or M	/ladam:					
The enclosed	l applicat	ion, certificate and fee(s)	are submitted	l for filing.		
Please return	all corre	spondence concerning th	is matter to the	e following:		
Nancy Liu						
	· · · · · ·	Name of Person				
Corebridge In	nstitutiona	al Investments (U.S), LLC				,
		Firm/Company		_	-	
28 Liberty Str	eet, 47th	Floor				-
		Address		_	• •	
New York, Ne	ew York 1	0005			; ;;-;-;-;-;-;-;-;-;-;-;-;-;-;-;-	3:1/5
		City/State and Zip Cod	e e			
nancy.liu@cc	rebridgel	inancial.com				
E-mail add	lress: (to	be used for future annua	report notification	ation)		
For further in	formatio	n concerning this matter,	please call:			
Nancy Liu			_ 212 _ at (770-5218		
	Name	of Person	Area Cod	e & Daytime Telep	hone Number	
Regis Divis P.O.	Box 632	Section orporations		Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Illahassee Street, Suite	810
Enclo ■\$25 Filing CR2E055 (9/15)		check for the following ☐ \$30 Filing Fee & Certificate of Status	amount: ☐ \$55 Filing Certified (Copy Cert	Filing Fee, tificate of Stat Certified Copy	

• APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appear	ars on the rec	ords of the F	lorida Departi	ment of		
State: AIG Asset Management (U.S.), LLC						
Enter new principal office address, if applicable:						
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)						
					-	
Enter new mailing address, if applicable: (Mailing address		 ,				
MAY BE A POST OFFICE BOX)					~.)	
			· <u>· · · · · · · · · · · · · · · · · · </u>	. 1		
2. The Florida document number of this limited l	iability comp	any is: M16	000010360		€Ú	
2 The Free Land Control of the Contr	monity comp	un, 13			- 3	
3. Jurisdiction of its organization: Delaware					-	
4. Date authorized to do business in Florida: 12/	/27/2016				.:. .:.	
SECTION II (5-9 complete only the applicable					.6	
		nstitutional Ir	nvestments (I	U.S.), LLC		
5. New name of the limited liability company: (mu	ıst contain "L	imited Liabi	lity Company.	. " "L.L.C.,"	or "LLC.")	
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	anaging mem	bers adoptin	acting busines g the alternate	ss in Florida : name. The	and attach a alternate nam	e
6. If amending the registered agent and/or registe registered agent and/or the new registered office a	red officer ac address here:	dress on our	records, enter	r the name of	fthe new	
Name of New Registered Agent:						
New Registered Office Address:						
		Enter	Florida Stree	t Address		
			F.	lorida		
		City		Zip	Code	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the prope and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of t	ent and agree r and comple stered agent a e in the regist	to act in thi, te performan is provided fo	ice of my dutie or in Chapter	2s, and I am j 605, F.S. Or	familiar with , if this	
If C	Changing Reg	gistered Ager	nt, Signature o	of New Regis	_ stered Agent	

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
Title/ Capacity	<u>Name</u>	Address	Type of Actio		
			□Add		
			□Rem		
			□Add		
			□Rem		
			□ Ad d		
			□Rem		
			□Add		
		***	□Rem		
aforementioned an	the law of which this entity is org	by the official having custody of records in the	□Rem		

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AIG ASSET MANAGEMENT

(U.S.), LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "COREBRIDGE INSTITUTIONAL INVESTMENTS (U.S.), LLC" ON

THE SIXTEENTH DAY OF JANUARY, A.D. 2024, AT 7:58 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202825946

Date: 02-16-24