

P1900007292
Florida Department of State
Div. of Corporations
Electronic Filings
Cover Sheet

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.

((H20000105868 3))



H200001058683ABCJ

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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
GENSET SOLUTIONS INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

2020 APR -9 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 Apr -9 PM 4:45

Articles of Amendment
to
Articles of Incorporation
of

GENSET SOLUTIONS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000072292

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

175 FOUNTAINBLUE BLVD SUITE 2-G 10A

MIAMI FL 33172

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

175 FOUNTAINBLUE BLVD SUITE 2-G 10A

MIAMI FL 33172

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

175 FOUNTAINBLUE BLVD SUITE 2-G 10A

(Florida street address)

New Registered Office Address:

MIAMI

Florida 33172

(City)

(Zip Code)

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), P.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	P	JORGE L BERNAL FRONTADO	175 FOUNTAINBLUE BLVD
<input type="checkbox"/> Add			SUITE 2-G 10A
<input type="checkbox"/> Remove			MIAMI FL 33172
2) <input type="checkbox"/> Change	VP	JORGE L BERNAL	175 FOUNTAINBLUE BLVD
<input checked="" type="checkbox"/> Add			SUITE 2-G 10A
<input type="checkbox"/> Remove			MIAMI FL 33172
3) <input type="checkbox"/> Change	DIR	ORESTE WONG	175 FOUNTAINBLUE BLVD
<input checked="" type="checkbox"/> Add			SUITE 2-G 10A
<input type="checkbox"/> Remove			MIAMI FL 33172
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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MIAMI
FLORIDA

The date of each amendment(s) adoption: APRIL 9, 2020 if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

Dated APRIL 9, 2020

Signature _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JORGE L BERNAL FRONTADO

(Typed or printed name of person signing)

INCORPORATOR

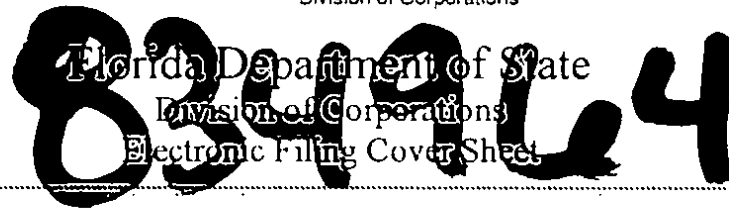
(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/9/2020

Division of Corporations

H20000105717 3



Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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H200001057173ABCX

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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
 MONY LIFE INSURANCE COMPANY OF AMERICA**

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

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

2020 APR 9 5:13 PM EDT

DocuSign Envelope ID: 4B7678AB-029C-42BB-9814-35A488FFBE32

H20000105717 3

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

H20000105717 3

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 3. 09/05/1975
(Incorporated under laws of) (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:

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TALLAHASSEE, FLORIDA

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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
FALLAHASSEE, FLORIDA

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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: *Stephanie Kroy*