

Florida Department of State  
 Div. of Corporations  
 E-File Cover Sheet

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H200001058683ABC

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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

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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

(City)

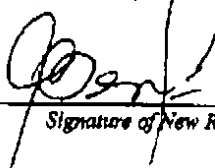
Florida

33172

(Zip Code)

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.

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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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ 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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**K. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

Article IX

The Shares of Capital Stock of this Corporation shall be issued to the following persons:

Name	address	Shares
JORGE L BERNAL FRONTADO	175 FOUNTAINBLUE BLVD SUITE 2-G 10A MIAMI FL 33172	45
JORGE L BERNAL	175 FOUNTAINBLUE BLVD SUITE 2-G 10A MIAMI FL 33172	45
ORESTE WONG	175 FOUNTAINBLUE BLVD SUITE 2-G 10A MIAMI FL 33172	10

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself.**  
(if not applicable, indicate N/A)

N/A

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TALLAHASSEE, FLORIDA

APRIL 9, 2020

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

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

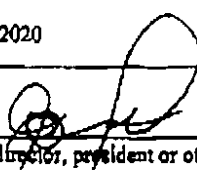
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

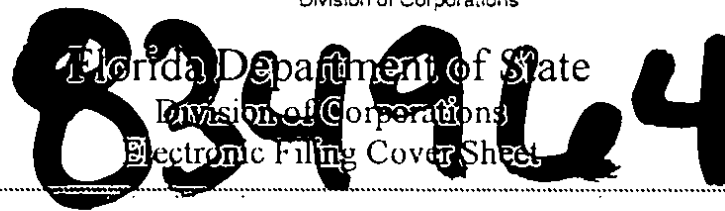
(Title of person signing)

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4/9/2020

Division of Corporations

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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  
MONEY LIFE INSURANCE COMPANY OF AMERICA**

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

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## 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 &amp; 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

**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

(Incorporated under laws of)

3. 09/05/1975

(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

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TALLAHASSEE, 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: *Setra Klong*

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