I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAULINE R RIVERA

Electronic Signature of Signing Officer/Director Detail

FEI Number: 45-3558685 Name and Address of Current Registered Agent:

DOCUMENT# P11000088395

Current Principal Place of Business:

RIVERA, PAULINE R 8337 BIRD RD MIAMI, FL 33155 US

1109 N FEDERAL HWY FT LAUDERDALE, FL 33304

8337 SW 40 ST MIAMI. FL 33155

Current Mailing Address:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAULINE R RIVERA

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	VP, PRESIDENT
Name	RIVERA, PAULINE R
Address	8337 BIRD RD
City-State-Zip:	MIAMI FL 33155

Entity Name: BRITE CHOICE INSURANCE SERVICES II, INC

FILED Apr 27, 2023 Secretary of State 5260416226CC

Certificate of Status Desired: No

04/27/2023 Date

Date

04/27/2023

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