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

Name and Address of Current Registered Agent:

RIVERA, PAULINE R 401 FLORIDA BLVD MIAMI, FL 33144 US

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	401 FLORIDA BLVD
City-State-Zip:	MIAMI FL 33144

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P11000088395

Entity Name: BRITE CHOICE INSURANCE SERVICES II, INC

Current Principal Place of Business:

8337 SW 40 ST MIAMI, FL 33155

Current Mailing Address:

8337 SW 40 ST MIAMI. FL 33155

FEI Number: 45-3558685

Certificate of Status Desired: No

04/10/2014 Date

04/10/2014 Date

FILED Apr 10, 2014 Secretary of State CC7974343969

PRESIDENT