that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER BAXTER

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000073233

Entity Name: AMPRO RISK PURCHASE GROUP LLC

Current Principal Place of Business:

4400 BAYOU BLVD, SUITE 31A PENSACOLA, FL 32503

Current Mailing Address:

4400 BAYOU BLVD, SUITE 31A PENSACOLA. FL 32503 US

FEI Number: 37-1829803

Name and Address of Current Registered Agent:

MADIO, RUSS 10346 SW 22 PLACE DAVIE, FL 33324 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	: RUSS MADIO, SECRETARY			03/29/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	BAXTER, CHRIS	Name	MADIO, RUSS	
Address	4400 BAYOU BLVD, SUITE 31A	Address	10346 SW 22 PLACE	
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	DAVIE FL 33324	

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

PRESIDENT

03/29/2021

FILED Mar 29, 2021 Secretary of State 6210574132CC

Certificate of Status Desired: No

Date