

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L22000425440

**Entity Name:** VIPER RISK MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

6743 SUMMIT VISTA CT  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

6743 SUMMIT VISTA CT  
JACKSONVILLE, FL 32259 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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:** SHAWN M MARTIN

09/26/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name VRMG, INC.  
Address 6743 SUMMIT VISTA CT  
City-State-Zip: JACKSONVILLE FL 32259

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

**SIGNATURE:** SHAWN M MARTIN

**PRESIDENT**

09/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date