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: Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	MGR	Title	CFO
Name	HIGGS, WILLIAM	Name	HIGGS, YVONNE
Address	573 OAKLEAF PLANTATION PKWY 927	Address	573 OAKLEAF PLANTATION PKWY 927
City-State-Zip:	ORANGE PARK FL 32065	City-State-Zip:	ORANGE PARK FL 32065

DRANGE PARK, FL 32065 US

Name and Address of Current Registered Agent:

LSM CPA FIRM, PA 190 NE 199TH ST SUITE 106

MIAMI, FL 33179 US

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: WILLIAM HIGGS

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: VENTRICAL DEVELOPMENT, LLC

Current Principal Place of Business:

573 OAKLEAF PLANTATION PKWY 927 ORANGE PARK, FL 32065

Current Mailing Address:

573 OAKLEAF PLANTATION PKWY 927 ORANGE PARK, FL 32065 US

FEI Number: 83-1684979

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L18000201877

Certificate of Status Desired: No

e empowered. MANAGER Date

Date