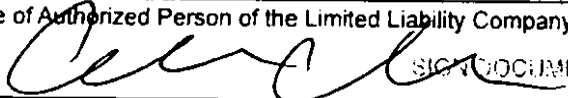




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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
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**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Limited Liability Company  
 → Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number <b>001685277</b>		2. Exact Name of the Limited Liability Company <b>LITTLE WIND, LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address <b>1364 SMITH STREET</b>			
City/Town <b>NORTH PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02911</b>	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>BEN ACETO</b>			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) <b>1343 HARTFORD AVENUE</b>			
City/Town <b>JOHNSTON</b>	State <b>RHODE ISLAND</b>	Zip <b>02919</b>	
6. The name of the NEW resident agent is: <b>LEONARD A. PETRUSKA, CPA</b>			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company <b>CHRISTOPHER IANNUCCI</b>		Date <b>11/29/19</b>	
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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**DEC 02 2019**  
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