

State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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STATE OF RHODE ISLAND
DEPARTMENT OF STATE
BUSINESS SERVICES DIVISION

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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 000486324	2. Exact Name of the Limited Liability Company WINDMIST FARM, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 71 WEEDEN LANE		
City/Town JAMESTOWN	State RHODE ISLAND	Zip 02835
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: MARTHA SWANSON NEALE		
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 71 WEEDEN LANE		
City/Town JAMESTOWN	State RHODE ISLAND	Zip 02835
6. The name of the NEW resident agent is: CHANDLER T. NEALE		
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) _____		
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.		
Name of Authorized Person of the Limited Liability Company MARTHA SWANSON NEALE		Date 2-6-24
Signature of Authorized Person of the Limited Liability Company 		

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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