RI SOS Filing Number: 202446355160 Date: 2/9/2024 1:03:00 PM

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the



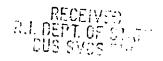
State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



STAMP

2024 FEB -9 P 1: 03

following statement for the	e purpose of changing its resident a	agent in the State of Rhode Isla	and:
1. Entity ID Number 2. Exact Name of the Limited Liability Company			
000486324	WINDMIST FARM, LLC		
000400324	VVIINDIVIIOT I AIXIVI, E		
3. The address of the res	ident office as PRESENTLY show	n in the records on file with the	RI Department of State:
Street Address 71 WEED	DEN LANE		
City/Town JAMESTOWN		State RHODE ISLAND	^{Zip} 02835
4. The name of the resident	ent agent as PRESENTLY shown i	n the records on file with the R	I Department of State:
MARTHA SWANSOI	N NEALE		
5. The address of the NE			
Street Address (NOT 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. NEA	LE		
7. Date when this Staten	nent of Change of Resident Agent v	will be effective: CHECK ONE	BOX ONLY
✓ Date received (Upo			
Later effective date	(Date must be no more than 90 da	ys from the date of filing)	
	I declare and affirm that I have ex y, and that all statements containe		nge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
MARTHA SWANSON NEALE			2-6-24

MAIL TO:

Division of Business Services

MARTHA SWANSON NEALE

148 W. River Street, Providence, Rhode Island 02904-2615

Signature of Authorized Person of the Limited Liability Company

Phone: (401) 222-3040 Website: www.sos.ri.gov

FEB 9 2024

FORM 642 - Revised: 01/2024