

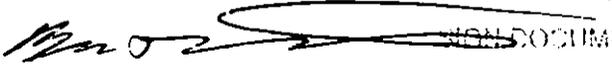
**Statement of Change of Office**  
 DOMESTIC or FOREIGN Limited Liability Company

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→ No Filing Fee

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 office **ONLY** in the State of Rhode



1. Entity ID Number <b>001660977</b>		2. Exact Name of the Limited Liability Company <b>THERMALFIT LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>163 Main Street</b>			
City/Town <b>Westerly</b>	State <b>RHODE ISLAND</b>	Zip <b>02891</b>	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>97 Cross Street</b>			
City/Town <b>Westerly</b>	State <b>RHODE ISLAND</b>	Zip <b>02891</b>	
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 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 Office 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>ROGER J MATTHEW</b>			Date <b>9/10/18</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

**FILED**  
 SEP 13 2018  
 BY KL 3:40

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 SEP 13 PM 3:40