

Department of State - Business Services Division

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



2825 FEB 27 PH 3: 21 STAMP

FOR SIGNETARY OF STATE USE ONLY

Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

1. Entity ID Number	2. Exact Name of the Limited	2. Exact Name of the Limited Liability Company		
001661402	COMFORTS HOLDINGS, LLC			
3. The address of the res	sident office as PRESENTLY showr	in the records on file with the	RI Department of State:	
Street Address 1130 Te	n Rod Road, Suite F-201		,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
City/Town North Kingstown		State RHODE ISLAND	^{Zip} 02852	
4. The address of the NE				
Street Address (NOT a P.O	Box) 1130 Ten Rod Road, Su	ite D-306	-	
City/Town North Kingstown		State RHODE ISLAND	^{Zip} 02852	
5. Date when this Staten	nent of Change of Resident Office w	vill be effective: CHECK ONE	BOX ONLY	
✓ Date received (Upo	•			
Later effective date	(Date must be no more than 90 day	s from the date of filing)	· ·	
	I declare and affirm that I have exa ly, and that all statements contained		ge of Resident Office by the	
Name of Authorized Person of the Limited Liability Company			Date /	
Charles F. Reilly, Es	q.		2/25/25	
Signature of Authorized	Person of the Limited Liability Comp	heil heil	oloose v	

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

FEB 27 2025 STAMI BY AA . 3 . 2. 1. 9