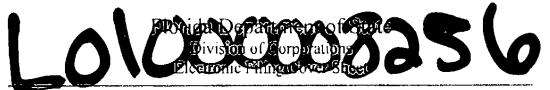
12/16/2020

Division of Corporations



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: D & D ACCOUNT						
2	(a)	35 Center Street.		(b) 35 Center Street,				
2. (a)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) CHICOPEE, MA 01013		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	CHICOPE			E, MA 01013				
		05/24/2001		L01000008256				
3.		Date of filing/registration in Florida	4.		Document number			
	(2)	MICHAEL A, FISCHLER ESQ.			2			
J.	5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1000 South Andrews Avenue			2020 DEC	erm Lij		
						- U		
	Registered Office Address (MUST BE FLORIDA STREET A	16						
		Fort Lauderdale , FL	33316		AH IO:	نا • نسب		
	(b)	C T Corporation System	<u></u>					
		Enter name of NEW Registered Agent and/or NEW Registered	Office at	igress:	_			
		NEW Registered Office Address:						
		1200 South Pine Island Road		,				
		Plantation, FL	33324		_			
the age	cha ent v	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the lin limited	istered office ompany, it i nited liabilit	e and the business of the of the regist s hereby confirmed that the change(s y company or as otherwise provided))		
-;	Signa	tury of a member or authorized representative of a member			Printed or typed name of signee			
prothe to no	oviš e obi mer tifle :	hy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is a CT Corporation System	perjorn d for in hereby (et in this cap nance of my Chapter 602 confirm that m, Asst. Secre	the limited liability company has been the liability company has been the limited liability company has been the liability company ha	the cept filed in		

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