

# F96 0000006117

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(Requestor's Name)

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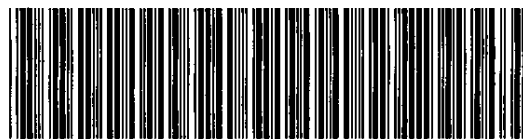
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** D.B. Roberts, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F96000006117

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. Joe Ternullo

Name of Contact Person

D. B. Roberts, Inc.

Firm/Company

54 Jonspin Road

Address

Wilmington, MA 01887

City/State and Zip Code

ddeIrossi@dbroberts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Ternullo

Name of Contact Person

at 978 988-3464

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DE \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: D.B. Roberts, Inc.
2. The principal office address: 650 S. Northlake Blvd., Suite 400  
Altamonte Springs, FL 32701
3. The mailing address (if different): 54 Jonspin Road  
Wilmington, MA 01887
4. Date of incorporation/qualification: 11/22/1996 Document number: F96 00000 6117
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mr. Dan Gillette

317 S. Northlake Blvd. Suite 1004

Altamonte Springs, FL 32701

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Mr. Dan Gillette

650 S. Northlake Blvd., Suite 400

P.O. Box NOT acceptable

Altamonte Springs, FL 32701

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Robert W. Clapp  
Signature of an officer or director

Robert W. Clapp

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity; I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

4/4/17  
Date

If signing on behalf of an entity:

Daniel Gillette  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)