| SCOPPETTUOLO, DANIELLE LEIGH<br>3217 TARAGROVE DR<br>TAMPA, FL 33618 US  |  |         |                          |            |  |  |  |
|--|--|---------|--------------------------|------------|--|--|--|
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. |  |         |                          |            |  |  |  |
| SIGNATURE: DANIELLE SCOPPETTUOLO   |  |         |                          | 12/20/2023 |  |  |  |
|  | Electronic Signature of Registered Agent |         |                          | Date       |  |  |  |
| Officer/Director Detail :  |  |         |                          |            |  |  |  |
| Title  | PST                                      | Title   | SECRETARY                |            |  |  |  |
| Name   | POST, EUGENE SR                          | Name    | SCOPPETTUOLO, DANIELLE L |            |  |  |  |
| Address  | 1342 ALAMEDA DRIVE                       | Address | 3217 TARAGROVE DR        |            |  |  |  |

TAMPA, FL 33618

3217 TARAGROVE DR

## **Current Mailing Address:**

DOCUMENT# P16000073566

Entity Name: POST ROOFING, INC

**Current Principal Place of Business:** 

3217 TARAGROVE DR TAMPA, FL 33618 US

## FEI Number: 32-0506951

## Name and Address of Current Registered Agent:

SC 32<sup>,</sup> TA

| Officer/Director Detail : |                      |                 |                          |  |  |
|---------------------------|----------------------|-----------------|--------------------------|--|--|
| Title                     | PST                  | Title           | SECRETARY                |  |  |
| Name                      | POST, EUGENE SR      | Name            | SCOPPETTUOLO, DANIELLE L |  |  |
| Address                   | 1342 ALAMEDA DRIVE   | Address         | 3217 TARAGROVE DR        |  |  |
| City-State-Zip:           | SPRING HILL FL 34609 | City-State-Zip: | TAMPA FL 33618           |  |  |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EUGENE POST

PRESIDENT

12/20/2023

Electronic Signature of Signing Officer/Director Detail

FILED Dec 20, 2023 Secretary of State 5504464224CR

Certificate of Status Desired: No

Date

## Of Tit