

PO6000144825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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3/27/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cascade Food Ingredients, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Jack Sollazzo  
(Name of Contact Person)

Cascade Food Ingredients, Inc.  
(Firm/Company)

1652 Parrilla Circle  
(Address)

Trinity, FL 34655  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jack Sollazzo at ( 727 ) 372-0242  
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2008

JACK SOLLAZZO  
CASCADE FOOD INGREDINTS, INC.  
1652 PARRILLA CIRCLE  
TRINITY, FL 34655

SUBJECT: CASCADE FOOD INGREDIENTS, INC.  
Ref. Number: P06000144825

We have received your document for CASCADE FOOD INGREDIENTS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 008A00012147

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cascade Food Ingredients, Inc.
2. The principal office address: 1652 Parrilla Circle  
Trinity, FL 34655
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/17/06 Document number: \_\_\_\_\_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

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

David Swinford  
1617 Parrilla Circle  
(P.O. Box NOT acceptable)  
Trinity, FL 34655

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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.

Jack Sollazzo  
(Signature of an officer or director)

Jack Sollazzo, Pres  
(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.

David Swinford  
(Signature of Registered Agent)

2/22/08  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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 (8/05)