

PO6000135182

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(Business Entity Name)

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DIVISION OF CORPORATIONS
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R.A. Chong
C.COULLIETTE

OCT 28 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kopje, Inc.
Name of Corporation

DOCUMENT NUMBER: P 06000 135182

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:

Rosanne M. Smithwick
Name of Contact Person

Kopje, Inc. dba A First Step Counseling
Firm/Company

8406 Massachusettes Ave., Suite B-3
Address

New Port Richey, FL 34653
City/State and Zip Code

afsnpr@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosanne M. Smithwick at (727) 841-0229
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

RECEIVED
10 OCT 27 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 19, 2010

ROSANNE M. SMITHWICK
KOPJE, INC.
8406 MASSACHUSETTES AVE., STE B-3
NEW PORT RICHEY, FL 34653

SUBJECT: KOPJE, INC.
Ref. Number: P06000135182

We have received your document for KOPJE, 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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 510A00024638

RECEIVED
OCT 25 2010
BY: SK

**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: Kopje, Inc.
2. The principal office address: 8406 Massachusetts Ave., Suite B-3
New Port Richey, FL 34653
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/24/2006 Document number: P 06000135182

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)

Rosanne M. Smithwick
8406 Massachusetts Ave., Suite B-3
New Port Richey, FL 34653

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

Rosanne M. Smithwick
5404 Main St.
New Port Richey, FL 34652
P.O. Box NOT acceptable

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 of the corporation has been notified in writing of the change.

Rosanne M. Smithwick
Signature of an officer or director

Rosanne M. Smithwick
Printed or typed name and title

Registered Agent

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.

Rosanne M. Smithwick
Signature of Registered Agent

11/1/2010
Date

If signing on behalf of an entity:

Rosanne M. Smithwick
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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 27 AM 9:13