## P06000135182

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
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LA Charge C.COULLIETTE

OCT 28 2010

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Topie, 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
Kopie, Inc. dba A First Step Counseling 8406 Massachusettes Ave., Suite B-
8406 Massachusettes Ave., Suite B-
New Port Richey FL 34653 City/State and Zip Colle
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hosanne 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.

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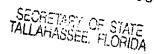
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



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):

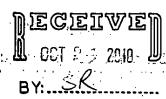
A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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



## 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 Massa Chusetts 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: P06000135182
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 Pact Pichon FL 34653
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
New Port Richey FL 34652
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 comporation has been notified in writing of the change.    Wall   Word   Printed or typed hame and the Printed or t
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)