

P200000048348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

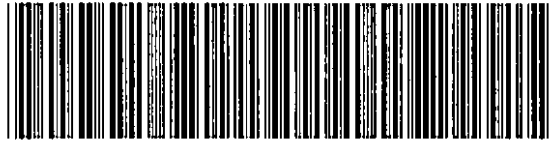
(Business Entity Name)

(Document Number)

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2021 NOV 10 AM 7:23

Albritton

ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Boki Services Corporation  
DOCUMENT NUMBER: P20000048348

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juergen Hartwich  
Name of Contact Person  
Best Florida Consulting LLC  
Firm/ Company  
1110 SW 28<sup>th</sup> Street  
Address  
Cape Coral, FL 33914  
City/ State and Zip Code  
jhartwich@hotmail.com  
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juergen Hartwich at ( 239 ) 573-9601  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee      ☐ \$43.75 Filing Fee & Certificate of Status      ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)      ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2021 FEB 15 AM 8:20

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2021

JUERGEN HARTWICH  
BEST FLORIDA CONSULTING LLC  
1110 SW 28TH STREET  
CAPE CORAL, FL 33914

SUBJECT: BOKI SERVICES CORPORATION  
Ref. Number: P20000048348

We have received your document for BOKI SERVICES CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The form submitted is for Benefit and Social purpose.

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) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 821A00028268

Articles of Amendment  
to  
Articles of Incorporation  
of

Boki Services Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

P 2000048348

(Document Number of Corporation (if known))

2021 DEC 10 AM 7:23

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

406 NW 6<sup>th</sup> Place  
Cape Coral, FL 33993

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

406 NW 6<sup>th</sup> Place  
Cape Coral, FL 33993

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Sebastian Bokemeier  
406 NW 6<sup>th</sup> Place Cape Coral, FL 33993  
(Florida street address)  
New Registered Office Address: Cape Coral, Florida 33993  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

S. B.

Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120(1)(c), F.S.

Remove

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s)

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

Dated 11/27/2021

Signature K Bokermeier  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Katharina Bokermeier  
(Typed or printed name of person signing)

President  
(Title of person signing)