

PI7 000092994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

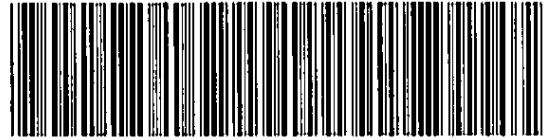
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JUL 16 2021



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06/15/21--01019--017 **35.00

2021 JUL 13 PM 5:01

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: R.G. Wolf Properties, INC
DOCUMENT NUMBER: P17000092994

The enclosed *Articles of Amendment* and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Rebekah Sharp
Name of Contact Person
R.G. Wolf Properties, Inc
Firm/ Company
117 Black Pine Ct
Address
Melrose, FL 32666
City/ State and Zip Code
bex-726@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebekah Sharp at (352) 235-0730
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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment
to
Articles of Incorporation
of

R. G. Wolf Properties, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

P17000092994
(Document Number of Corporation (if known))

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:

R D Sharp Properties, Inc. 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)

N/A

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

N/A

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 N/A

(Florida street address)

New Registered Office Address: _____, Florida _____
(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.

Signature of New Registered Agent, if changing

Check if applicable

2021 JUN 16 PM 6:00

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Davin M Sharp</u>	<u>117 Black Pine Ct</u> <u>Melrose, FL 32666</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PST</u>	<u>Rebekah F. Sharp</u>	<u>117 Black Pine Ct</u> <u>Melrose, FL 32666</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

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

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

Need to change name of Corporation, Name of
PST, due to recent marriage. Marriage Cert. attached.

Also need to add husband, Davin Sharp as
Vice President.

**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: June 15, 2021
(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 N/A
(voting group)"

Dated June 15, 2021

Signature Rebekah Sharp
(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)

Rebekah Sharp
(Typed or printed name of person signing)

PST
(Title of person signing)

2021 JUN 16 PM 5:01

Department of Health - Office of Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE: UPPER CASE
 USE BLACK INK
The location of the ceremony is the Office of the Clerk of Courts, unless otherwise noted.

(STATE FILE NUMBER)

Case: 2021-5409981 Date: 04/30/2021 Time: 8:44 AM By: DF, DM,
 Matt Reynolds, Putnam County Page 1 of 1 1617 P. 1209

542021.0X.0000S4MLA.XMX
 (APPLICATION NUMBER)

APPLICATION TO MARRY			
1. GROOM'S FULL NAME (Last, First, Middle Initial)		2. GROOM'S SURNAME (if different)	
DAVIN MCCONALD SHARP		MCCONALD	
3. GROOM'S DATE OF BIRTH (Month, Day, Year)		4. GROOM'S PLACE OF BIRTH (Country)	
03/06/1983		Virginia	
5. BRIDE'S FULL NAME (Last, First, Middle Initial)		6. BRIDE'S SURNAME (if different)	
REBEKAH GRENER WOLF		WOLF	
7. BRIDE'S DATE OF BIRTH (Month, Day, Year)		8. BRIDE'S PLACE OF BIRTH (Country)	
07/26/1981		New Jersey	
WE, THE APPLICANTS, HEREBY CERTIFY THAT WE ARE FREE TO MARRY. WE STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO MARRY IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF GROOM (See Note on Back of Form)		10. SIGNATURE AND SWORN TO BEFORE ME ON (DATE)	
<i>Davin McDonald Sharp</i>		03/10/2021	
11. SIGNATURE OF OFFICIAL (See Note on Back of Form)		12. SIGNATURE OF OFFICIAL (See Note on Back of Form)	
DALE FIGUEROA		<i>Dale Figueroa</i>	
13. SIGNATURE OF SPOUSE (See Note on Back of Form)		14. SIGNATURE AND SWORN TO BEFORE ME ON (DATE)	
<i>Rebekah Grener Wolf</i>		03/10/2021	
15. SIGNATURE OF OFFICIAL (See Note on Back of Form)		16. SIGNATURE OF OFFICIAL (See Note on Back of Form)	
DALE FIGUEROA		<i>Dale Figueroa</i>	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON QUALIFIED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	19. DATE LICENSE EFFECTIVE	20. EXPIRATION DATE
PUTNAM	03/10/2021	03/13/2021	05/09/2021
21. SIGNATURE OF CLERK OF COURTS (See Note on Back of Form)		22. TITLE	23. NAME BY J.C.
<i>Matt Reynolds</i>		CLERK OF CIRCUIT COURT	DALE FIGUEROA
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
24. DATE OF MARRIAGE (Month, Day, Year)		25. CITY, TOWN OR LOCATION OF MARRIAGE	
04-24-2021		Ponte Vedra Beach	
26. SIGNATURE OF PERSON PERFORMING CEREMONY (See Note on Back of Form)		27. ADDRESS OF PERSON PERFORMING CEREMONY	
<i>Dale Grener</i>		P.O. Box 1793, Interlachen, FL	
28. SIGNATURE OF WITNESS (See Note on Back of Form)		29. SIGNATURE OF WITNESS (See Note on Back of Form)	
<i>John Grener</i>		<i>Kenneth Sharp</i>	
30. SIGNATURE OF WITNESS (See Note on Back of Form)		31. SIGNATURE OF WITNESS (See Note on Back of Form)	
<i>John Grener</i>		<i>Patricia R. Sharp</i>	



SEAL

INFORMATION ON THIS RECORD IS FOR VITAL STATISTICS ONLY - NOT TO BE RECORDED

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY AS SAME APPEARS ON RECORD IN PUTNAM COUNTY, OFFICE OF THE CLERK OF CIRCUIT COURT BY *Dale Figueroa, DC* DATE 4-30-21

