200	1 UNIFORM BUS	INESS REPO	RT (L	JBR)	_			
DOCU	JMENT # .739228		N. Marie) 	**************************************		
JACKSONVILLE ARTIFICIAL REEF, INC.					FILED			
Principal Pla	ace of Business	Mailing Address		·	OI MAR 15	AM 8: 48	;	
P O BOX 331185		P O BOX 331185			SECRETAR)	OF STATE		
ATLANTIC B US	EACH FL 32233	ATLANTIC BEACH FL 3223 US	13		130 DI 901	F DERIF	A 11	01.25
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT W	RITE IN THIS SP	ACE	
City & State		City & State		. <u> </u>	4. FEI Number 59-174344	13		pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	· Li ře	B.75 Ade Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name Rob Darner				
THOMPSON, CHERYL			St	Street Address (P.O. Box Number is Not Acceptable)				
6544 FERBER RD5 JACKSONVILLE BEACH FL 32277			50	5054 Somersby Road				
			Cir	Tip Code 32217				
8. The above	e named entity submits this statement to	the purpose of changing is	egistered of	fice or registere	d agent, or both, in the state of			——-
	Stgnature, typed or printed name of registered agent a	nd title if applicable.	Registered Agen	nt signature required v	vhen reinstating)	DATE		
	FILE NOW: FEE IS \$61.25	Election Campaign Trust Fund Contribu		\$5.00 Added		ke Check Pa epartment of		
10.	OFFICERS AND DIRI	CTORS	11.	Al	ODITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN	10
TITLE NAME	THOMPSON, CHERYL	☐ Delete	TITLE	Ď		K] Change	☐ Addition
STREET ADDRESS	•		NAME Street ADD	RESS				
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32277	·	CITY-ST-ZIF	P		15		
TITLE NAME	VP DARNER, ROB	• 🔲 Delete	title Name	PD] Change	☐ Addition
STREET ADDRESS	5054 SOMERIDGE RD		STREET ADD	RESS	٠ .			
CITY-ST-ZIP	JACKSONVILLE FL 32217		CITY-ST-ZIF				1.0	Managara
TITLE NAME	HACKBART, MARGARET-ANNE	Delete	TITLE NAME		nne Bernacki] Change	Addition
STREET ADDRESS	0.0. 0001110102 0210 /1 1 # 0.102		STREET ADD					
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32256	☐ Delete	CITY-ST-ZIP	Jack	sonville, FL	32225	Change	Addition
NAME	MURPHY, EMILY	. La Delete	i title Name			_	Change	CT AGGILLO
STREET ADDRESS CITY-ST-ZIP	1430 RIVER HILLS CR		STREET ADDR	E .	•			
TITLE	JACKSONVILLE FL 32211 D	⊠ Delete	CITY-ST-ZIP	VP			Change	X Addition
NAME	HARGIS, SHELDON	nar ocitio	NAME	Johr	ny Cassara	_		
STREET ADDRESS CITY-ST-ZIP	2944 MELHOLLIN JACKSONVILLE FL 32216		STREET ADDR	^{ESS} 1304	2 Staffordshi		3.	
TITLE	D.	∑ Delete	TITLE	Jack D	sonville, FL		Change	Addition
NAME	CARAMELLI, JOE	24 - 210W	NAME		alakauskis			-
			•					
STREET ADDRESS CITY-ST-ZIP	4101 GADSDEN RD JACKSONVILLE FL 32207		STREET ADDR	≝s 1207	Aruba Court sonville, FL	32226		

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withan address with all other (ke impowered.)

IGNATURE:

SIGNATURE: