2001 UNIFORM BU	JSINESS REPU)KI (ORF	3)
DOCUMENT # K03989 1. Entity Name RSK GROUP, INC.		e Se	FILED STATE TALLAHASSEE, FLORIDA OI SUN-8 PH 3:39
Principal Place of Business 6320 Trail Blvd. Naples, FL 34108	Mailing Address 6320 Trail Naples, FL		9/ 2011 - 8 144 2: 23
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State	,	4. FEI Number Applied For Not Applicable
Zip Country 6. Name and Address of Cu	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
Calvert N. Courtney 2202 6th St. W Palmetto, FL 34221 8. The above named entity submits this statem	ent for the purpose of changing its	Street Ac	ate-Kraska- ddress (P.O. Box Number is Not Acceptable) 320 Trail Blvd. aples FL Zip Code 34108 registered agent, or both, in the State of Florida.
SIGNATURE Kate Kraska, D. Signature, typed or printed name of registered 9. This corporation is eligible to satisfy its Intar Tax filling requirement and elects to do so. (See criteria on back)	agent and title if arblicable. (NOT	III FEE IS \$150.0 001 Fee will be \$5	50.00 Trust Fund Contribution. Added to Fees Added to Fees
11. OFFICERS	AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP Palmetto, FL 34 TITLE NAME	ney_	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Director
STREET ADDRESS TO CITY-ST-ZIP	j∃ □ Delete	STREET ADDRESS CITY-ST-ZIP TITLE	2341 Mayfield Court Naples, FL 34108 Director X Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	Richard S. Kraska 60 Seagate Drive, #501 Naples, FL 34103
TITLE NAME STREET ADDRESS CITY_ST-ZIP	L∐ Delete	TITLE NAME . STREET ADDRESS . CITY-ST-ZIP	□ Change □ Addition □ SOOO044356332 □ -06/21/0101086002 □ ******61.25 □ ******61.25
NAME: STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change SpAddition
indicated on this report or supplemental re-	port is true and accurate and that i empowered to execute this report	my signature shall ha t as required by Chap	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director oter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

941-592-9700 Daytime Phone #