P98000006320

(Requestor's Name)					
(Address)					
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(Ci	ty/State/Zip/Phone	; #)			
PICK-UP	MAIT WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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TALLAHASSEE, FLORID

M2-8-11

COVER LETTER

TO: Amendme Division of	ent Section of Corporations				
SUBJECT:	The Next Turbin	e Corporation Corporation	drawn and the latter of		
DOCUMENT NU	JMBER: P98	3000006320			
The enclosed State	ement of Change of Registered Offi	ce/Agent and fee are submit	ted for filing.		
Please return all c	orrespondence concerning this matt	er to the following:			
	Sandra Name of C	a J. Field ontact Person	· ·		
	The Mark Trust	sin a Composablem			
		oine Corporation Company			
	48901 Highwa	y 93, Suite A-506			
	Ad	dress			
Polson, MT 59860 City/State and Zip Code					
	tntsandra@	earthlink.net			
-	E-mail address: (to be used for		ication)		
For further inform	ation concerning this matter, please	cali:			
	Sandra J. Field me of Contact Person	at (406)	261-8452 ne Telephone Number		
Na	me of Contact Person	Area Code & Daytir	ne Telephone Number		
Enclosed is a \$35.	00 check made payable to the Depa	rtment of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle		

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

			07.1508, or 617.1508, Floi under the laws of the State	
			agent, or both, in the State	
1. The name of t	the corporation: The N	<u>lext Turbine C</u>	orporation	·
2. The principal	office address: 34812	Wesley Way		
Polson, M	' '- 			
_	ddress (if different): 48 MT 59860	901 Highway 93	, Suite A-506	
4. Date of incorp	poration/qualification:	01-21-1998	_ Document number:	P98000006320 :
	I street address of the cur tment of State: (If resign		and registered office on fi	le with the
	Elizabeth Brooker			— # 1 T
	2145 14th Ave, Su	ite 20A		
	Vero Beach, FL 32	960		- In the second second
6. The name and (if changed):	I street address of the new	w registered agent (if	changed) and /or registere	d office
	Elizabeth Wilson	· · · · · · · · · · · · · · · · · · ·		
	7804 Fort Walton	Avenue P.O. Box NOT acco		
	Ft. Pierce, FL 3495		эрионе	
The street addre as changed will	ess of its registered office be identical.	ee and the street add	ress of the business office	of its registered agent,
Such change wa authorized by th	as authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notifie	its board of directors or bed in writing of the change	oy an officer so e.
Jacob Signatur	C3	Printed and the second second second	Sandra J. Field Printed or typed name	and title
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as reg to comply with the prov. d I am familiar with an ng filed merely to reflect been notified in writing	istered agent and ag isions of all statutes d accept the obligat It a change in the re g of this change.	gree to act in this capacity relative to the proper and ion of my position as regi gistered office address, I	, I complete performance stered agent. Or, if this hereby confirm that the
x Clina	bethWelsor	<u> </u>	01-15-20	011
,	nature of Registered Agent		Date	
If signing on bel	half of an entity:			
Ту	yped or Printed Name	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *