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(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
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MOD 3564

NewCo Corporate Services, Inc.

875 Avenue of the Americas Suite 501 New York, NY 10001

Telephone: (212) 356-8351

Internet Address: theresa@newcocorporate.com

Fax: (212) 356-8352

August 24, 2006

Corporations Division Secretary of State of Florida P.O. Box 6327 Tallahassee, FL 32314

RE: NEW TIMES BPB, LLC

Dear Sir/Madam:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both. Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there is a problem, please contact the undersigned immediately at the following toll-free number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely yours,

Theresa Festa

Senior Corporate Specialist

Check #- 24963 - 75-08

Musa Testa

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ted liability company	is: NEW TIMES BPB, LLC	•
		company is : 1201 E. Jefferson	Street, Phoenix, AZ 85034 .
December 14, 2000		M0000002564	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the regis Florida Department of		gistered office address as show	n on the records of the
	CorpAmerica Inc.		
		Name	SEP -6 CRETAR)
	1201 Hays Street		_ SS -6 1
		Address	
	Tallahassee, FL 323	01 ty, State and Zip	
6. The name and address		•	AMIO: 47
	NRAI Services, Inc.		
	2731 Executive Park		-
	Florida street addr	ess (P.O. Box NOT acceptable	:)
	Weston	FL 33331	
	City	, State and Zip	
confirmed that after the	change or changes are	ed under the laws of the State of made, the Florida street address will be identical. Or, in the case the change(s) was/were authorized as otherwise provided in the company.	ss of the registered office
The way	W .	8127166	
(Signature of a thember or author	orized representative of a me	mber)	
Jed Brunst, Authorized Re (Printed or typed name of signe	·	·	
I hereby accept the approximately with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services, Inc. (Signature of Registered Agent) By: Delia Taliento, Asst. S.	nto	l agent and agree to act in this tive to the proper and complete ions of my position as registere ig filed to merely reflect a chan ility company has been notified	capacity. I further agree to performance of my duties, a agent as provided for in age in the registered office in writing of this change.
Divie	ion of Cornorations.	P.O. Box 6327, Tallahassee, J	FL 32314

FILING FEE: \$25.00

INHS18(10/99)