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T. LEWIS  
*[Signature]*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PRPMG INC  
Name of Corporation

**DOCUMENT NUMBER:** F06000003802

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Emerson  
Name of Contact Person

PRPMG INC  
Firm/Company

P.O. Box 1030  
Address

Lightfoot VA 23090  
City/State and Zip Code

lauraemerson@prpmg.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Emerson at ( 757 ) 757-229-7776  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301