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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Dissolution of SPH, LLC		
DOCUMENT NUMBER: P160000896	585	
The enclosed Articles of Dissolution a	nd fee are submitted for filin	g.
Please return all correspondence concer	rning this matter to the follow	ving:
Andrea Kimball and Maureen Evans		
(Name	of Contact Person)	
SPH, Inc.		
(Firm/Company)	
11410 Dickey Lane		
	(Address)	
Captiva, Florida 33924		
(City	/State and Zip Code)	
For further information concerning this	matter, please call:	
Andrea Kimball	at (at (
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following ar	mount:	
■ \$35 Filing Fee \$43.75 Filing Fee Certificate of State	Section 2 Sectio	□ \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divi Clift	EET ADDRESS: Indment Section Ission of Corporations Industry Indus

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: SPH, Inc.				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: 12/6/18				
	Effective date of dissolution <u>if applicable</u> : 12/30/2018				
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.				
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	■ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.				
	☐ Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:				
	all shareholders				
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by				
	that fiduciary) Lindsey Patterson Smith, President				
	(Typed or printed name of person signing)				
	President X				
		(Title of person signing)			

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This Nouce of Corporate Dissolution is optional and is not requi	red when ming a voluntary dissoration.
Name of Corporation: SPH, Inc.	
Date of dissolution will be the date the dissolution is filed with the specified in the <i>Articles of Dissolution</i> .	Department of State or as
Description of information that must be included in a claim:	
Corporation being dissolved. Any questions or claims (please include da	te and names) and please write to Andrea Kimball
or Maureen Evans at 209 W. 47th Street, Ste 200, Kansas City, MO 6411	2
Mailing address where claims can be sent: (Claims cannot be sent t	o the Division of Corporations)
209 W. 47th St. Ste 200, Kansas City, MO 64112	
<u> </u>	
A claim against the above named corporation will be barred unless within 4 years after the filing of this notice.	a proceeding to enforce the claim is commenced
Lindsey Patterson Smith	mille *
Printed Name of the Person Filing	Signature of the Person Filing