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A. RAMSEY FEB 1 5 2023

COVER LEITTER **TO:** Amendment Section Division of Corporations SUBJECT: _____ P20000053689 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Patricia S Hudson (Name of Contact Person) Susan Hudson, LSP, Inc. (Firm/Company) 1728 Cypress Trace (Address) Westville, FL 32464 (City/State and Zip Gode) For further information concerning this matter, please call: Patricia S Hudson 850-768-4537 at ((Årea Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Mailing Address: Street Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF DISSOLUTION 2022 HOT 18 PM 12 17

Pursuant to of dissolutio	section 607.1403. Florida Statutes, this Florida profit corporation submits the following articles on:	
FIRST:	The name of the corporation as currently filed with the Florida Department of State: SUSAN HUDSON, LSP, INC	
SECOND:	The document number of the corporation (if known):	
THIRD:	The date dissolution was authorized: 03/31/2021	
	Effective date of dissolution if applicable:	
	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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.	
	Signature: Patricia S. Audson	
	(By a director, president or other officer - indirectors 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)	
	Patricia S Hudson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

Filing Fee: \$35