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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: REZLEGAL, LLC

Account Number : I20140000033

Phone

(904) 567-1177

Fax Number

(904) 567-1066

DISSOLUTION OR WITHDRAWAL CONCIERGE HOME CARE OF OP, INC.

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ARTICLES OF DISSOLUTION

FOR

CONCIERGE HOME CARE OF OP, INC.

- 1. The name of the corporation as currently filed with the Florida Department of State is Concierge Home Care of OP, Inc. (the "Company").
- 2. The Articles of Incorporation were filed on February 5, 2016, amended on March 13, 2017 and assigned document number P16000015605.
- Dissolution of the Company was unanimously approved as of March 27, 2018 by the
 consent of the Shareholders and Board of Directors of the Company. The number of
 votes cast for dissolution was sufficient for approval. Dissolution of the Company shall
 be effective immediately.
- 4. All debts, liabilities and obligations of the Company have been paid or discharged.
- 5. All remaining property and assets have been distributed to the Shareholders in accordance with its respective rights and interests.
- 6. There are no suits pending against the Company in any court.

The undersigned, being the President of the Company, hereby approves the above Articles of Dissolution this _______ day of April, 2018.

Nancy G. Raiston, President

(db427941; t)

TO:18506176380 FROM: 9045126629 Page:

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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 "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution,

Name of Corporation: Concierge Home Care of OP, Inc.

Document Number of Corporation is: P16000015605.

Date of Dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution,

Description of information that must be included in a written claim:

Date of event giving rise to claim. Nature of claim/description of event giving rise to claim. Amount of Claim. Name and contact information of claimant. Copies of any written agreement or other documentation supporting claim.

Mailing address where claims can be sent (Claims cannot be sent to the Division of Corporations)

Robert G. Young 6817 Southpoint Parkway, Suite 1502 Jacksonville, Florida 32216

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice,