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SECRETARY FINE TALL NAV. -6 PM 3: 41

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: Danny Dodge (Outread	ches, I	nc.		· · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUMBER: _!	N98000005203						
The enclosed Articles of Ama	endment and fee are subn	nitted for	filing.				
Please return all corresponde	nce concerning this matte	er to the fo	ollowing:				
		R. Dod	-				·
	(Name of C	Contact Pe	erson)				
	Solvin	ıg Life In	IC.				
	(Firm/	Company	·)				
	PO I	Box 760					
	(Ad	ddress)					
	Monee, II	linois, 6	0449				
	(City/ State	and Zip (Code)				
	danny@da mail address: (to be used			enort notificat	ion)		
For further information conce	,			eport notificat	ion)		
Daniel R. Dodge		at (708)_250-2508			
(Name of Cont	act Person)		(Area C	ode & Daytim	e Telephone	Number)	
Enclosed is a check for the fo	llowing amount made pay	yable to th	ne Florida	a Department	of State:		
Certi	3.75 Filing Fee & ficate of Status	Certific		y is	\$52.50 Certificat Certified (Addition is enclos	e of Statu Copy al Copy	S ATTN. KOREN
Mailing Addr Amendment S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations		Division Clifton I 2661 Ex	nent Section of Corporation Building	CER- Circle Cons THE	rify i LECT !	CLUDE AND A TRUE AND COPY OF DLETE FILE REQUEST.

Articles of Amendment to Articles of Incorporation of

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09 NOV -6 PM 3:41

Danny Do	odge Outreaches, Inc.	
(Name of Corporation as c	urrently filed with the Florida	Dept. of State)
N	98000005203	
(Document)	Number of Corporation (if know	n)
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of		a Not For Profit Corporation adopts
A. If amending name, enter the new nam	e of the corporation:	
	Solving Life Inc.	
The new name must be distinguishable an abbreviation "Corp." or "Inc." "Compan	nd contain the word "corporation" or "Co." may not be used in t	on" or "incorporated" or the the name.
B. Enter new principal office address, if (Principal office address MUST BE A STE		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/new registered agent and/or the new in Name of New Registered Agent:		Florida, enter the name of the
New Registered Office Address:	(Florida street ad	dress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as regist position.		h and accept the obligations of the
	Signature of New Registered A	Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Nam e</u>	<u>Address</u>	Type of Action
			—
E. If amend (attach ad	ling or adding additional Aiditional Aiditional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	

		· · · · · · · · · · · · · · · · · · ·	

		The state of the s	
	Mentalisa dan		****

The date of each amendment(s) a	Idoption: November 4th, 2009
	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) 1.
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated_Novemb	chairman or vice chairman of the board, president or other officer-if directors
have no	but been selected, by an incorporator – if in the hands of a receiver, trustee, of ourt appointed fiduciary by that fiduciary)
_	Daniel R. Dodge
_	(Typed or printed name of person signing)
_	President
	(Title of person signing)

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