

6. If the entity's principal place of business is changing indicate the new principal address:

Check the box to indicate no change

7. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Corporate Name of the Non-Profit Corporation
Antioch university

| | |
|--|--------------------|
| Type or Print Name of the <input checked="" type="checkbox"/> President OR <input type="checkbox"/> Vice President William Groves | Date 07/12/2023 |
|--|--------------------|

Signature of President OR Vice President


| | |
|---|--------------------|
| Type or Print Name of the <input checked="" type="checkbox"/> Secretary OR <input type="checkbox"/> Assistant Secretary Mary Granger | Date 07/12/2023 |
|---|--------------------|

Signature of the Secretary OR Assistant Secretary


TWO SIGNATURES ARE REQUIRED