

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
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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
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Signature of the Secretary OR Assistant Secretary


TWO SIGNATURES ARE REQUIRED



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 18, 2023 12:21 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

