6.	This	application	will	be	effective	upon	filing.

Division of Business Filings

1. The business entity is:

X \Box

 \square

 \Box

 \Box

 \square

Х

2. The name of the company is: CampusLogic, Inc.

5. The entity has changed its (check all that apply)

Period of duration

Form of organization Management type:

other

4. The entity received authority to transact business in Kentucky on 08/23/2018

Domicile name to Ellucian CampusLogic Inc.

Name to be used in Kentucky to

P.O. Box 718

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

I declare under penalty of perjugy under the laws of the state of Kentucky that the foregoing is true and correct.

Jurisdiction of organization to

Member managed

Signature of Authorized Representative	Printed Name	Title	Date
Jamest and BA	JAMES DEVER DENNETT	SR. VP	01/30/2023



Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of

(The name must be identical to the name on record with the Secretary of State.)

Amended Certificate of Authority

(Foreign Business Entity)

authority on behalf of the entity named below and, for that purpose, submits the following statements:

professional service corporation

limited cooperative association

professional limited liability company

limited liability company

3. It is an entity organized and existing under the laws of the state or country of $\underline{Delaware}$

profit corporation

	Michael G. A
and the second sec	Kentucky See
	Received and

1031004.03
Michael G. Adams
Kentucky Secretary or Received and Filed:
Received and Filed:

nonprofit corporation.

business trust

statutory trust

non-profit LLC

Manager managed

limited partnership

2/8/2023 2:29 PM ee Receipt: \$40.00

dwilliams AMD

State

1031		\mathbf{n}
เบอ	004	.09

FCA

TATE	Fe

SE	ALTH	DF
Sel.	83	alts)
N	(IN)	S
13	Andra we	15
100	al sector	