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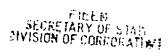
TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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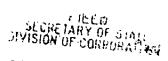
The University of Ta	
701114 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subt	
•	
Please return all correspondence concerning this matte	er to the following:
Sonia Romero	
	(Name of Contact Person)
The University of Tampa	
	(Firm/ Company)
401 W Kennedy Blvd	
	(Address)
Tampa. FL 33606	
	(City/ State and Zip Code)
sromero@ut.edu	
E-mail address: (to be used	I for future annual report notification)
For further information concerning this matter, please	call:
Sonia Romero	813-253-6210 at
(Name of Contact Person	
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐S52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address Amendment Section
Amendment Section Division of Corporations	Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



The University of Tampa, INCORPORATED		ZEM JUL 23 AMII: 0
(Name of Corporation as curre	ntly filed with the Florida Dept	t. of State)
701114		
(Document Num	ber of Corporation (if known)	· · ·
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For Profit</i> (Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the	abbreviation "Corp." or "Inc."
D. E	N/A	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		_
D. If amending the registered agent and/or registered of	fice address in Florida, enter th	ne name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:		
	(Florida stree	et address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obli	igations of the position.
	C. CV Britis I.t.	out if about the
	Signature of New Registered Ag	genu, ij 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CF() = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> <u>e Jones</u> <u>v Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Richard W. Ogorek	401 W Kennedy Blvd
Add			Tampa, FL 33606
X Remove			
2) Change	VP	Thomas K Lafferty	401 W Kennedy Blvd
XAdd			Tampa, FL 33606
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	·		
Add			
Remove			

If amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption:date this document was signed.	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 7/9/18 Ronald L. Vaughn	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
Ronald L. Vaughn (Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	