(((H230000512023)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. **

E-ail	Address:
TIMA I	4000

COR AMND/RESTATE/CORRECT OR O/D RESIGN CAMPUSLOGIC, INC.

Certificate of Status	Û
Certified Copy	J
Page Count	04
Estimated Charge	\$ 43.75

Electronic Filing Menu Corporate Filing Menu

Help

From: Kaity

DocuSign Envelope ID: B72D985C-1E96-4C83-A7F5-42C37B838431

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (I-3 MUST BE COMPLETED)

lt 2	0000002232					
	(Document num	ber of corporation (if know	n)			
CampusLogic Inc.						
·	of corporation as it appear	ars on the records of the De	partment of State			
Delaware						
(Incorporated uncorporated unco	fer laws of)	3. 05/14/2020 (Date au	thorized to do bu	isiness in Flor	ida)	
•						
(SECTION II Y THE APPLICABLE CI	(IANGES)			
). If the amendment changes the name of						
incorporation() 05/10/2022				_ :::	207	
Ellucian CampusLogic Inc.					23 F	
(Name of corporation after the amend not contained in new name of the cor	lment, adding sutfix "co poration)	rporation," "company," or '	'incorporated," o	r appropriate	ав ід іч ф	ition
(If new name is unavailable in Florida	, enter alternate corpora	te name adopted for the pur	pose of transacti	ne bus <mark>in</mark> essiir	i F er ada	1)
6. If the amendment changes the pe				E PAR	8: 40	C
_	()	New duration)				
7. If the amendment changes the ju	risdiction of incorporation	on, indicate new jurisdiction	s.			
	(.V	ew jurisdiction)				
3. If amending the registered agent at new registered agent and/or the ne Name of New Registered Agent	w registered office add	ress:	he name of the			
	1200 South Pine Isla	ind Road				
	(Florida	a street address)				
New Registered Office Address:	Plantation		, Florida	33 324		
		(City)		(Zip Code)		
New Registered Agent's Signature I hereby accept the appointment as re Was Signature of Vew Agent's Property and Propert	vistored avent. I am fa agail i Frégues.	miliar with and accept the (ddiganons of the	: position.		

(Title of person signing)

□Add

DocuSign Envelope ID: B72D985C-1E98-4C53-A7F5-42C37B838431

To

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:						
Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action			

	•					
					□Remove	
<u></u>	 	<u></u>			□Add	
				 	□Remove	
					COLUMN TO ART 8: 40	
					□Add	
10. Attached is a	certificate or document o	g similar (mport, ev	idencing the amen	dingnt, guthenticated not more	□Remove than 90 days pr	ior to delivery
of the applicat under the law		James Dev	er Bennett	dment, authenticated not more official having custody of corp	orate records in t	he jurisdiction
	(S a	ignature of a director receiver or other co	or, president or oth ourt appointed fiduc	er officer - if in the hands of ciary, by that fiduciary)		
James Deve	a Rennett			Sr. Vico Provident and So	Naratary.	

FILING FEE \$35.00

(Typed or printed name of person signing)

To:



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CAMPUSLOGIC, INC.",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ELLUCIAN

CAMPUSLOGIC INC." ON THE TENTH DAY OF MAY, A.D. 2022, AT 6:44

O'CLOCK P.M.



Authentication: 202634506

Date: 02-02-23