

# State of South Dakota

Office of the Secretary of State

## CERTIFICATE OF AUTHORIZATION Postsecondary Education

I, **Steve Barnett**, Secretary of State of the State of South Dakota, do hereby certify that

**Sioux Falls Seminary**

has changed its name to

**Karios University**

effective **October 1, 2021**. This institution is authorized to provide postsecondary education in the State of South Dakota under South Dakota Codified Law 13-48-36.



**IN TESTIMONY WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, at Pierre, the Capital City, this day, July 17, 2023.

*Monae L. Johnson*

Monae L. Johnson  
Secretary of State

SD Secretary of State Office  
500 E. Capitol Ave.  
Pierre, SD 57501  
(605) 773-2797  
sos.edu@state.sd.us

**AMENDMENT**  
**APPLICATION FOR CERTIFICATE OF**  
**AUTHORIZATION TO PROVIDE**  
**POSTSECONDARY EDUCATION**

SDCL 13-48

RECEIVED  
JUL 17 2023  
S.D. SEC. OF STATE

**NO FILING FEE**

1. Name of Institution (the institutional name under which postsecondary educational programs are provided):

Sioux Falls Seminary

2. The date of filing the Application for Certificate of Authorization or Renewal: January 3, 2023

3. Indicate the type of change being made:

CHANGE OF NAME

CHANGE OF PRIMARY ADDRESS

CHANGE IN ACCREDITATION

CHANGE IN ADDITIONAL SITES (ATTACHMENT A)

OTHER CHANGE(S)

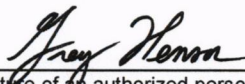
4. The amendment to the Application for Certificate of Authorization to Provide Postsecondary Education is:

Sioux Falls Seminary changed its name to Kairos University, effective October 1, 2021.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated \_\_\_\_\_

Email \_\_\_\_\_  
(Optional)

  
\_\_\_\_\_  
Signature of an authorized person

**Greg Henson**  
\_\_\_\_\_  
Printed Name

**Chief Executive Officer**  
\_\_\_\_\_  
Title



**ATTACHMENT A**

**ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS**

(Must be accompanied by an Application for Certificate of Authorization to  
Provide Postsecondary Education or Amendment thereof.)

1. \_\_\_\_\_  
Name

\_\_\_\_\_

Street Address	City	State	ZIP+4
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2. \_\_\_\_\_  
Name

\_\_\_\_\_

Street Address	City	State	ZIP+4
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3. \_\_\_\_\_  
Name

\_\_\_\_\_

Street Address	City	State	ZIP+4
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4. \_\_\_\_\_  
Name

\_\_\_\_\_

Street Address	City	State	ZIP+4
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5. \_\_\_\_\_  
Name

\_\_\_\_\_

Street Address	City	State	ZIP+4
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6. \_\_\_\_\_  
Name

\_\_\_\_\_

Street Address	City	State	ZIP+4
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(Make additional copies of this Attachment as may be necessary and submit with Application)