P0900033843

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PICK-UP	WAIT	MAIL
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TO: Amendment Section

Division of Cor	porations			
NAME OF CORPO	DRATION: Kenney College, 1	nc.		
	1BER:P09000033843			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Matthew G. Kenney			
		Name of Contact Perso	1	
	Matthew Kenney, P.A.			
		Firm/ Company		
	701 Centervale Drive			
		Address	_	
	Celebration, FL 34747			
		City/ State and Zip Cod	e ·	
mat	thew@matthewkenney.com		V	
	E-mail address: (to be us	sed for future annual report		
For further informati	on concerning this matter, pleas	se call:		
Matthew G. Kenney, Esq. at (407) 583-4090		583-4090		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address		Address		
Ar	mendment Section	Ameno	Iment Section	
	vision of Corporations	Division of Corporations		
	P.O. Box 6327 Clifton Building			
Та	Jlahassee, FL 32314	2661 E	Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Kenney College, Inc.		
(Name of Corporation	as currently filed with the Florida Dept. of State)	
P09000033843		
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006. Florida Seits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	amendment(s) 10
A. If amending name, enter the new name of the corp	poration:	
Matthew Kenney, P.A.	. 1	The new
	"corporation," "company," or "incorporated" or the abb "Inc," or 'Co". A professional corporation name must co bbreviation "P.4."	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR.	<u>(ESS</u>)	
	<u></u>	_ <u>2</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A N/A	AY
•		R M
	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		n 0
Name of New Registered Agent N/A		
Nume to New Negisterett rigerie		
	(Florida street address)	
New Registered Office Address:		ode)
		,
New Registered Agent's Signature, if changing Regist		
Thereby accept the appointment as registered agent. To	am familiar with and accept the obligations of the position.	
		•
- Signati	ture of New Registered Agent, if 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: CFO - 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 Doc 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	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		_	
Remove			
Kemove			
6) Change		<u> </u>	
Add			
Remove			

E. <u>If amending or a</u> (Attach <i>additional</i>	dding additional Ai sheets, if necessary)		nge(s) here:			•
The purpose of Mattl			ervices within the	State of Florida.		
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F. If an amendment	t provides for an ex	change, reclassifi	cation, or cancel	lation of issued sh:	ares,	
provisions for it	mplementing the an cable, indicate N/A)	nendment if not c	ontained in the a	mendment itself:	· .	
N/A	.ane. pancare 1021)					
					•	
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					,	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
April 29 Dated	. 2019	
Signature /	mat 2	
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Matthew G. Kenney, Esq.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	