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Anend VN.C.

C.COULLIETTE

FEB 06 2012

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

•			•
NAME OF CORPORATION	ON: CEFOR	ta Net Ser	vices, inc
DOCUMENT NUMBER:	P0500	0126 700)
The enclosed Articles of Am		bmitted for filing.	
Please return all corresponde	ence concerning this mat	tter to the following:	
	FRAM	Name of Contact Person	ENCIA
		Name of Contact Perso	on
	Ce	FORTA NET S	SERVICES , INC
		ri / C	
	631	SW 11174 L	N 5-205 NES 1 FL 33025
	_	Address	
	Рен	BROKE PIN	1ES FL 33015
		City/ State and Zip Co	de
	IN	FO @ VIRTU	ALCNS. COM
	E-mail address: (to be us	ed for future annual repor	t notification)
For further information conc	erning this matter, pleas	e call:	
FRANC	ISCO VALER	ICIA at 954	ode & Daytime Telephone Number
Name of Cor	tact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for the f			
□ \$35 Filing Fee □	□\$43.75 Filing Fee &	\$43.75 Filing Fee &	•
	Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy
	enclosed)	(Additional	
			is enclosed)
Mailing A	<u>ddress</u>	Stree	t Address
Amendme			dment Section
	f Corporations		ion of Corporations
P.O. Box (ee, FL 32314	Cino	n Building Executive Center Circle
1 4114114550			nassee, FL 32301

Articles of Amendment to Articles of Incorporation

COFORTA NOT SERVICOS	. 1911
(Name of Corporation as currently filed with the Flo	
P05000126700	orida Dept. Or State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
VIRTUAL CNS, INC	That may
NIRTUAL CNS, INC name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	631 5W 111 TH LN 5-205
	PEMBROKE PINES, FL 33025
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	631 SW 111 T4 IN 5-205
	5-205
	PEMBROKE PINES, FL 33025
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
	<i>k/A</i> -
(Florida stre	et address)
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Registered A	gent, if changing NA
Page 1 c	of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name	e, 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 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	<u>PT</u>	John D	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	ones			
_X Add	<u>sv</u>	Sally S	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address	
1) X Change Add Remove	<u>P1</u>	_	FRANCISCO	VALENCIA	63 SW 111TY LN 5-205 PEMBROKE PINES, FL 33	يد ٥٠
2) Change Add Remove	_ <u>V</u> s	5_	REINALDO	URD ANE TA	11740 MN 31 3T SUNRISE, FL 33323	
3) Change Add Remove	-	_	<u></u>			
4) Change Add Remove	 	_				
5) Change Add Remove		_	 			
6) Change Add Remove		_				

ttach additional s	ding additional Assistes, if necessary,). (Be specific)		
					
<u> </u>					
		 			
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		. <u>.</u>			
		·			
		NIA			
1 178 H short			******		
<u>-</u>					
su amendment :	provides for an ex	change reclass	ification or can	rellation of iss	uad shares
provisions for im	plementing the an	<u>nendment if not</u>	contained in th	ne amendment	itself:
(іј поі арриса	able, indicate N/A)				
				FTSTAN	
		NA			
		1	•		
					
	·				
					

The date of each amendment(s) ad	loption: 01/29/12
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required. The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated_OI/a	19/12
Signature	From one Valencial
(By a d	lirector, president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
аррош	
	FRANCISCO VALENCIA
	(Typed or printed name of person signing)
	PTD
	(Title of person signing)