|  | ling Address:<br>H HIGHWAY #27, SUITE 187<br>, FL 34711   |                       |  |                              |
|--|---|-----------------------|--|------------------------------|
| FEI Number: 22-3946795                               |   |                       | Certificate of Status Desired: No          |                              |
| Name and A   | Address of Current Registered Agent:  |                       |  |                              |
| GONZALEZ, A<br>4327 SOUTH H<br>CLERMONT, F           | IGHWAY#27, SUITE 187  |                       |  |                              |
| ,-   |   |                       |  |                              |
| ,  | d entity submits this statement for the purpose of changing its regis   | tered office or regis | ered agent, or both, in the State of Flori | da.                          |
| The above name                                       |   | tered office or regis | <b>0</b>                                   | <sub>da.</sub><br>03/27/2015 |
| The above name                                       | d entity submits this statement for the purpose of changing its regis   | tered office or regis | <b>0</b>                                   |                              |
| The above name                                       | d entity submits this statement for the purpose of changing its regis E: ALDIER GONZALEZ Electronic Signature of Registered Agent                     | tered office or regis | <b>0</b>                                   | 03/27/2015                   |
| The above name                                       | d entity submits this statement for the purpose of changing its regis E: ALDIER GONZALEZ Electronic Signature of Registered Agent                     | tered office or regis | <b>0</b>                                   | 03/27/2015                   |
| The above name<br>SIGNATURI<br>Officer/Dire          | d entity submits this statement for the purpose of changing its regis<br>ALDIER GONZALEZ<br>Electronic Signature of Registered Agent<br>ctor Detail : |                       |  | 03/27/2015                   |
| The above name<br>SIGNATURE<br>Officer/Dire<br>Title | d entity submits this statement for the purpose of changing its regis E: ALDIER GONZALEZ Electronic Signature of Registered Agent Ctor Detail : PD    | Title                 | MANAGER                                    | 03/27/2015<br>Date           |

Entity Name: GENERAL SOURCE INC.

DOCUMENT# P06000141008

## **Current Principal Place of Business:**

4327 SOUTH HIGHWAY #27, SUITE 187 CLERMONT, FL 34711

### C

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALDIER GONZALEZ

PD

### 03/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Mar 27, 2015 **Secretary of State** CC4968095045