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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and				
that my name appears above, or on an attachment with all other like empowered.				
SIGNATURE: WILLIAM F. WILSON JR	MEMBER	03/30/2020		

SIGNATURE: WILLIAM E. WILSON JR

Electronic Signature of Signing Authorized Person(s) Detail

Title	AMBR
Name	WILSON, DEANA
Address	10833 BOCA POINTE DRIVE
City-State-Zip:	ORLANDO FL 32836

MEMBER

L

Authorized Person(s) Detail :					
Title	AMBR	Title	AMBR		
Name	WILSON, WILLIAM JR.	Name	WILSON, DEANA		
Address	10833 BOCA POINTE DRIVE	Address	10833 BOCA POINTE DRIVE		
City-State-Zip:	ORLANDO FL 32836	City-State-Zip:	ORLANDO FL 32836		

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 5575 S. SEMORAN BLVD SUITE 36 ORLANDO, FL 32822 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Entity Name: WILSON & ASSOCIATES SECURITY CONSULTING, LLC

Current Principal Place of Business:

10833 BOCA POINTE DRIVE ORLANDO, FL 32836

Current Mailing Address:

10833 BOCA POINTE DRIVE ORLANDO, FL 32836 US

FEI Number: APPLIED FOR

FILED Mar 30, 2020 Secretary of State 1610538986CC

Certificate of Status Desired: Yes

Date

Date