**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED**
**Mar 03, 2020**
**Secretary of State**
**8514423581CC**

DOCUMENT# L19000180274

**Entity Name:** ORLANDO PLUS SECURITY & EVENT STAFFING LLC

**Current Principal Place of Business:**

7901 4TH STREET N
SUITE 300
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

PO BOX 2869
JACKSON, WY 83001 US

**FEI Number: 84-2526310**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.
7901 4TH STREET N
SUITE 300
ST. PETERSBURG, FL 33702 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 — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | BLACK OPS VENTURES LLC |
| Address | PO BOX 2869 |
| City-State-Zip: | JACKSON WY 83001 |

| | |
|---|---|
| Title | VP |
| Name | HAYWARD, CHRISTINE |
| Address | 7901 4TH STREET N<br>SUITE 300 |
| City-State-Zip: | ST. PETERSBURG FL 33702 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | CALLAGHAN, MICHAEL |
| Address | 7901 4TH STREET N<br>SUITE 300 |
| City-State-Zip: | ST. PETERSBURG FL 33702 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | WONG, TRISTAN |
| Address | 7901 4TH STREET N<br>SUITE 300 |
| City-State-Zip: | ST. PETERSBURG FL 33702 |

*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: BLACK OPS VENTURES LLC MANAGER 03/03/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date