FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Consider Proce A. Sr.		2. Date of Event Re Statement (Month/I	. ' " .	3. Issuer Name and Ticker or Trading Symbol Interlink Plus, Inc. [ ITRK ]									
(Last) 8060 COW CA (Street) SARASOTA (City)	(First) MP ROAD FL (State)	(Middle) 34240 (Zip)	-			ionship of Reporting P all applicable) Director Officer (give title below)	erson(s)			If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person			
			Table I - No	n-Derivat	tive Se	curities Benefic	ially C	Owned					
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)					Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock					60,000,000		I			By self as Trustee for Bruce A. Cassidy Sr 2013 Irrevocable Trust			
Preferred Stock, Series A Convertable					2,700,000 I				By self as Trustee for Bruce A. Cassidy Sr 2013 Irrevocable Trust				
						urities Beneficia ptions, converti	•						
1. Title of Derivative Security (Instr. 4)  2. Date Exercisab Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Securities Derivative Security (Instr. 4)			Con or E		onversion   r Exercise	5. Ownership Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Price of Derivative Security		Indirect (I) (Instr. 5)			

Explanation of Responses:

Torii K. Goar, by power of attorney

12/03/2019 \*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).