## 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: PATRICIA STALNAKER-LEVIN

Electronic Signature of Signing Officer/Director Detail

Entity Name: EKISTICS DESIGN STUDIO, INC.

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

1202 W. LINEBAUGH AVV TAMPA, FL 33612

#### **Current Mailing Address:**

PO BOX 270247 TAMPA, FL 33688

#### FEI Number: 59-2881024

# Name and Address of Current Registered Agent:

FELDMAN, MARC H. 3908 26TH ST W. BRADENTON, FL 34205 US

Date

Certificate of Status Desired: Yes

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

#### **Officer/Director Detail :**

Title	D	Title	D
Name	LEVIN, THOMAS F	Name	LEVIN, PATRICIA
Address	1202 W. LINEBAUGH AVV	Address	1202 W. LINEBAUGH AVV
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	TAMPA FL 33612

SECRETARY-TREASURER 04/21/2020

Date