

L13000064964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

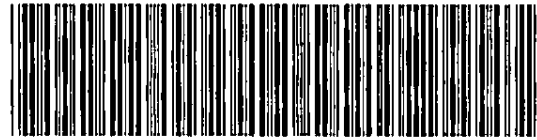
(Document Number)

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(office)*

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CUSTOM WINDOW TREATMENTS BY FATMA LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FATMA HIGDON

Name of Person

CUSTOM WINDOW TREATMENTS BY FATMA LLC

Firm/Company

6061 CHARLOMA DR

Address

LAKELAND, FL 33812

City/State and Zip Code

fatma.higdon@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FATMA HIGDON at (863) 209-5243  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2022 JUN 13 PM 1:19

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: CUSTOM WINDOW TREATMENTS BY FATMA LLC
2. (a) 5414 QUARRY ROCK RD, LAKELAND, FL 33812  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*
- (b) 5414 QUARRY ROCK RD, LAKELAND, FL 33812  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

3. 05/03/2013 Date of filing/registration in Florida
4. L13000064964 Document number

5. (a) FATMA HIGDON  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

5414 QUARRY ROCK RD

LAKELAND, FL 33809

- (b) FATMA HIGDON

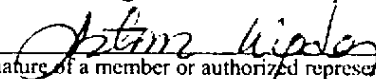
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

6061 CHARLOMA DR

LAKELAND, FL 33812

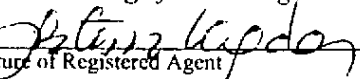
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

FATMA HIGDON

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent