

Florida Notary "Discount" Association Co.

PO Box 7177, Tallahassee, FL 32314

Call Toll Free 1-800-366-8279

NOTARY DIVISION

www.NOTARYBONDING.com

Fax Toll Free 1-800-637-5992

1-800-3-NOTARY

Email: info@notarybonding.com

NOTARY COMMISSION ADDRESS CHANGE FORM

Florida statute requires you to notify the Florida Department of State, in writing, of any changes to your home address, home telephone number, business address, business telephone number or criminal record within 60 days of the change.

Commissioned Name: _____
(Please print or type your name exactly as it appears on your commission)

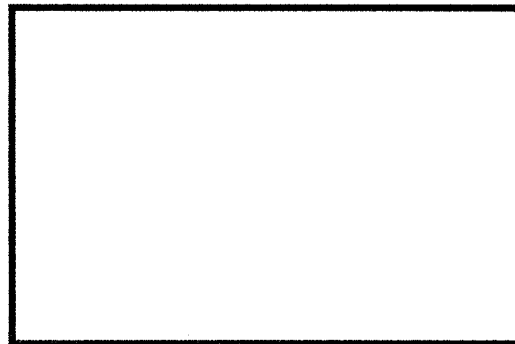
Social Security Number: _____ - _____ - _____
(Florida law requires this information)

Date of Birth: _____ / _____ / _____

Notary Commission Expiration Date: _____ / _____ / _____

Notary Commission Number: _____

(Affix your current notary stamp seal in this box) 



New Residence Address: _____
(Street) (City) (State) (Zip)

New Residence Telephone Number: (_____) _____
(Area Code) (Telephone #)

New Name of Business/Employer: _____

New Business Address: _____
(Street) (Suite #) (City) (State) (Zip)

New Business Telephone Number: (_____) _____ Ext: _____
(Area Code) (Telephone #) (If Applicable)

MAIL TO: Home Business Other Address Shown Below*:

*Other Mail Address: _____
(Street or P.O. Box) (City) (State) (Zip)

This information is true and correct to the best of my knowledge.

X _____ Date: _____ / _____ / _____
(Sign as your name exactly as it appears on your commission)