



# Florida Notary "Discount" Association Co.

"Serving over a million notaries nationwide since 1940"

P.O. Box 7177  
Tallahassee, FL 32314

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Email: info@notarybonding.com

Fax: (800) 637 - 5992  
Web: 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)