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Florida Notary "Discount" Association Co.
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Florida 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 currently appears on your commission.

❖ Social Security Number: _____ - _____ - _____
Florida law requires your Social Security Number.

❖ Date of Birth: _____ / _____ / _____

❖ Notary Commission Expiration Date: _____ / _____ / _____

❖ Notary Commission Number: _____

❖ New Residence Address:

Street City State Zip Code

❖ New Residence Phone Number: (_____) _____

❖ New Employer / Business Name: _____

❖ New Business Address:

Street City State Zip Code

❖ New Business Phone Number: (_____) _____ Ext: _____
If Applicable.

❖ Mail To: Home Business *Other Mailing Address

❖ *Other Mailing Address:

Street or P.O. Box City State Zip Code

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

X _____
Sign your name exactly as it currently appears on your commission.

Date: _____ / _____ / _____



Affix your current notary stamp seal in this box.