



Tradition of Trust & Integrity Empowering America's Notaries Since 1940.

Florida Notary "Discount" Association Co.
P.O. Box 7177, Tallahassee, FL 32314

Toll Free: 1-800-366-8279
Email: info@notarybonding.com

Fax: 1-800-637-5992
Website: notarybonding.com

Florida Notary Commission Address Change Form

Florida statute requires you to notify the Florida Department of State, in writing, of any changes to your residence address, residence 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: _____ / _____ / _____
Month Day Year

❖ Notary Commission Expiration Date: _____ / _____ / _____
Month Day Year

❖ 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: (_____) _____ Extension (If Applicable): _____

❖ Mail To: Residence 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: _____ / _____ / _____
Month Day Year



  
Affix your current notary stamp seal in this box.