



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

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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 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

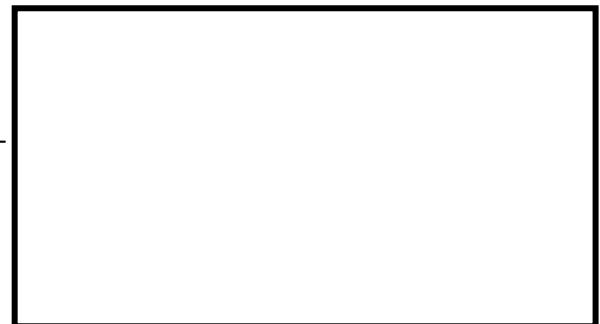
❖ \*Other Mailing Address:

\_\_\_\_\_  
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.