



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

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.

## FLORIDA NOTARY COMMISSION ADDRESS CHANGE FORM

Commissioned Name: \_\_\_\_\_

*Note: Print or type your name exactly as it currently appears on your commission.*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Note: Florida law requires your entire Social Security Number.*

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Notary Commission Expiration Date (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Notary Commission Number: \_\_\_\_\_

New Residence Address: \_\_\_\_\_

New Residence City: \_\_\_\_\_

New Residence State: \_\_\_\_\_ New Residence Zip Code: \_\_\_\_\_

New Residence Phone Number: \_\_\_\_\_

New Employer / Business Name: \_\_\_\_\_

New Business Address: \_\_\_\_\_

New Business City: \_\_\_\_\_

New Business State: \_\_\_\_\_ New Business Zip Code: \_\_\_\_\_

New Business Phone Number: \_\_\_\_\_ Extension (If Applicable): \_\_\_\_\_

Mail To:  New Residence     New Business     \*Other Mailing Address

\*Other Mailing Address: \_\_\_\_\_

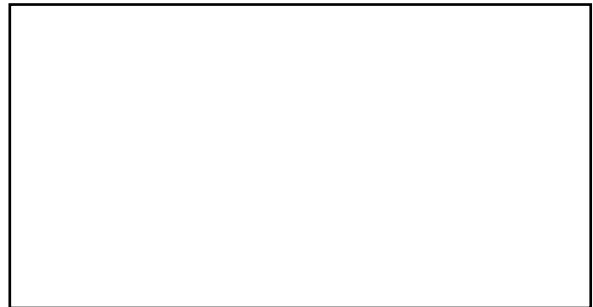
\*Other Mailing City: \_\_\_\_\_

\*Other Mailing State: \_\_\_\_\_ \*Other Mailing 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 (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Affix your current notary seal stamp in this box.