



FLORIDA NOTARY "DISCOUNT" ASSOCIATION CO.

P.O. Box 7177
Tallahassee, FL 32314

Phone: 1-800-366-8279 Email: info@notarybonding.com Fax: 1-800-637-5992



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: _____

Note: The residence address cannot be a P.O. Box.

New Residence City: _____ New Residence State: _____ New Residence Zip Code: _____

New Residence Phone Number: _____

New Employer / Business Name: _____

New Business Address: _____

Note: The business address cannot be a P.O. Box.

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: _____

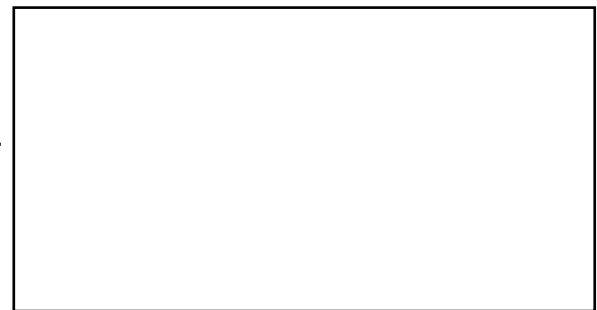
*Other Mailing City: _____ *Other Mailing State: _____ *Other Mailing Zip Code: _____

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.

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