

NOTARY COMMISSION ADDRESS CHANGE FORM

Florida law requires that all notary publics must report any change in their home or business address or telephone number in writing to the Department of State within 60 days of the change. 117.01(2), Fla. Stat.

If you have a change to report, please complete the form below and
mail or fax to:

Notary Commissions:

Department of State
Division of Corporations
Notary Commissions
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6975
Fax: (850) 245-6017

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Commissioned Name: _____
(Please print or type your name exactly as it appears on your commission)

Social Security Number: _____ - _____ - _____ Date: ____/____/____
(Florida law requires this information)

Date of Birth: ____/____/____

Notary Commission Expiration Date: ____/____/____

Notary Commission Number: _____

(Affix your current stamp seal in this box) 

New Residence Address: _____
(Street) (City) (State) (Zip)

New Residence Telephone Number: (____) _____
(Area code) (Telephone #)

Name of Business/Employer: _____

Business Address: _____
(Street) (City) (State) (Zip)

Business Telephone Number: (____) _____ Ext. _____
(Area code) (Telephone #) (If Applicable)

Mail To: Home Business Other Address Shown Below*

*Other Mail Address: _____
(Street or P.O Box) (City) (State) (Zip)

Email: _____

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

X _____
(Sign your name exactly as it appears on your commission)

Date: ____/____/____