

4510 N University Dr,
Lauderhill, FL 33351
Phone: 954-977-9905
Fax: 954-653-3860
www.cynanotary.com
E-mail: notary@cynanotary.com



Cynanotary, LLC

Florida Business Center
Disadvantaged Business Enterprise (DBE)
Minority/Woman Business Enterprise (M/WBE)
Small Business Enterprise (SBE)
County Business Enterprise (CBE)

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

You can also scan and email your change of address to:
NotariesCorpHelp@dos.myflorida.com

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Commissioned Name: _____ (Please print or type your name exactly as it appears on your commission)			
Social Security Number: _____ - _____ - _____ (Florida law requires this information)		Date: ____/____/____	
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: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> 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: ____/____/____