

# Change of Address Form

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Name (as it appears on Commission): \_\_\_\_\_

Commission #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Mail to: Florida Notary Association  
1922 Hillcrest St.  
Orlando, FL 32803**

**Email to: [Mail@FLNotary.com](mailto:Mail@FLNotary.com)**

**Fax to: (407) 896-8931**