TROY FAIN Insurance INC.

P. O. Box 5077 | Tallahassee, FL 32314-5077
800.385.7019 | www.TroyFain.com

Address Change Form

Florida law requires a notary public to notify, in writing, the Department of State of any change in his or her business address, home telephone number, business telephone number, home address, or criminal record within 60 days after such change (F.S. 117.01(2)). Please fill in the appropriate information below and send the completed form to us. Upon receiving your form, we will deliver it to the State.

Commissioned Name _____
As It Appears On Your Commission

Social Security Number _____ Date of Birth _____
MM/DD/YYYY

Commission Number _____ Commission Expiration Date _____
MM/DD/YYYY

Email Address _____
By providing your email address, you are opting in to receive emails such as order statuses, renewal reminders, law updates and other notary related information.

New Home Address _____
Street City State Zip

New Home Phone (_____) _____
(XXX) XXX-XXXX

New Business Name _____ ☐ Unemployed ☐ Retired

New Business Address _____
Street City State Zip

New Business Phone (_____) _____ Extension _____
(XXX) XXX-XXXX

Mail To: ☐ Home ☐ Business ☐ Mailing Address (as shown below):

Mailing Address _____
Street/PO Box City State Zip

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

X _____ Date _____
Sign As It Appears On Your Commission

Return the completed form by:
Mail: Troy Fain Insurance, Inc. | P. O. Box 5077 | Tallahassee, FL 32314-5077
Email: troyfain@troyfain.com