

## 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** \_\_\_\_\_  
Sign As It Appears On Your Commission

Date \_\_\_\_\_

**Return the completed form by:**

**Mail:** Troy Fain Insurance, Inc. | P. O. Box 5077 | Tallahassee, FL 32314-5077  
**Email:** troyfain@troyfain.com **Fax:** 866.409.0244