



CHANGE OF ADDRESS FORM

A Notary Public shall notify, in writing 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. Failure to report a change in business or home address or telephone number within the specified period of time may result in the Governor suspending the Notary Public as provided in s.7, Article IV of the State Constitution.

Name (as it appears on your commission): _____

Commission # _____ Expiration Date ____/____/____

Social Security # ____/____/____ Date of Birth ____/____/____

Home Address: _____

(Street) (City) (State) (Zip)

Employed Unemployed Retired

Place of Employment: _____

Work Address: _____

(Street) (City) (State) (Zip)

Home Ph. :(____) _____ Business Ph. :(____) _____ E-mail: _____

Please Sign: _____ Date: _____

Return the completed form by mail or fax to:
Aaron Notary Appointment Services, Inc.
P.O. Box 69-3002
Miami, FL 33269-3002
Fax: (305) 493-3339

Aaron Notary will deliver it to
The Department of State
Notary Commission and Certification Section
Room 1801, The Capitol
Tallahassee, FL 32399-0250