

INSTRUCTIONS FOR NOTARY PUBLIC ADDRESS CHANGE

TYPE OR PRINT IN INK. Read all instructions and information carefully. Only your signature should be written, all other information should be printed or typed. All questions must be answered completely.

1. Enter your name exactly as it appears on your current commission.
2. Self-explanatory.
3. Self-explanatory.
4. Enter the name of your principal place of business. If you do not work for a business or do not have a business name, enter "self-employed."
5. Your principal place of business is where you perform 50% or more of your notary duties. Enter the address of your principal place of business. Do not enter a P. O. Box number. If your principal place of business has no street and number address, enter the nearest intersection or street, highway or road name or number, or a rural free delivery route and box number.
6. Enter the address where you receive your business mail if different from Item 5. If the mailing address is a P. O. Box, enter that address.
7. Enter your home address. Do not enter a P. O. Box number. If your home address has no street and number address, enter the nearest intersection or street, highway or road name or number, or a rural free delivery route and box number.
8. Enter your e-mail address (optional).
9. Sign your name exactly as you signed your application and oath of office.

Mail completed form by **certified mail** to:

Secretary of State, Notary Public Section, P. O. Box 942877,
Sacramento, CA 94277-0001



STATE OF CALIFORNIA
SECRETARY OF STATE
NOTARY PUBLIC ADDRESS CHANGE

IMPORTANT-TYPE OR PRINT IN INK

Read instructions on back before completing this application.
This application is presented for filing pursuant to Government Code Section 8213.5

1. PRINT NAME EXACTLY AS SHOWN ON COMMISSION:
(FIRST)

(MIDDLE)

(LAST)

2. COMMISSION NUMBER

3. EXPIRATION DATE

4. NAME OF PRINCIPAL PLACE OF BUSINESS

5. BUSINESS ADDRESS (DO NOT LIST A P. O. BOX)

CITY

ZIP CODE

,CA

6. ADDRESS WHERE YOU RECEIVE YOUR BUSINESS MAIL (IF DIFFERENT FROM 5.)

CITY

ZIP CODE

,CA

7. ADDRESS WHERE YOU LIVE (NUMBER, STREET, APARTMENT NO. DO NOT LIST A P. O. BOX)

CITY

ZIP CODE

,CA

8. E-MAIL ADDRESS (OPTIONAL)

9. _____
SIGNATURE

_____ DATE