



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Agent & Agency Services - Bureau of Licensing*  
 200 East Gaines Street, Larson Building Room 419  
 Tallahassee, FL 32399-0319

**BAIL BOND AGENT NOTICE OF CHANGE OF ADDRESS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

License Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

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

Business City: \_\_\_\_\_ Business State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ -

Agency Telephone Number: ( ) - \_\_\_\_\_

Agency Fax Number: ( ) - \_\_\_\_\_

Cellular Telephone Number: ( ) - \_\_\_\_\_

Pager Number: ( ) - \_\_\_\_\_

Home Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

Home City: \_\_\_\_\_ Home State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ -

Home Phone Number: ( ) - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing Address:  Business  Home  Other: \_\_\_\_\_

If you are employed in more than one agency or branch office, please provide the name, address, telephone and fax numbers below for each agency.  
 \_\_\_\_\_

Current Appointments: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Licensee

\_\_\_\_\_  
 Date

**648.421 Florida Statutes, Notice of Change of Address or Telephone Number**

Each licensed bail bond agent shall notify the department in writing within 10 working days after a change in name, address or phone number for the licensee's principal business, home, agency or firm for which he or she writes bonds.

*Mail to:*  
**Florida Department of Financial Services**  
**Bureau of Licensing**  
**200 East Gaines Street, Room 419**  
**Tallahassee, FL 32399-0319**  
**Phone Number: (850) 413-3137**

*Bail bond agencies that move should complete a new Designation of Primary Bail Bond Agent form listing the new address and noting that the owner and primary bail bond agent are the same if applicable.*