



## Claimant Address Change Only Request Instructions

Support documents, as specified below, must accompany your request. The Receiver reserves the right to validate any address change request received and may request additional information from you.

Please contact us if you have questions by clicking on the “Contact Us Form” at our website’s [www.myfloridacfo.com/receiver](http://www.myfloridacfo.com/receiver) navigation pane or you may call Consumer Services at 800-882-3054.

Please complete the [Claimant Address Change Only Request Form](#) and send it in with these documents:

- If you are an **individual**: a copy of valid driver license, utility bill, passport, or other photographic legal identification document that contains the address you have entered on your form.
- If you are an **unincorporated business**: a utility bill, an occupational license or bank statements that contain the address you have entered on your form.
- If you are an **incorporated business**: a copy of most recent filing with Sec of State ([www.sunbiz.org](http://www.sunbiz.org)), or other filing that contains the address you have entered on your form.