



**DEPARTMENT OF FINANCIAL SERVICES**  
 Division of Funeral, Cemetery & Consumer Services  
 200 East Gaines Street  
 Tallahassee, FL 32399- 0361

## Change of Mailing Address or Contact Data -- Entities

Entities (corporations, LLCs, partnerships) use this form to notify the Division of Funeral, Cemetery & Consumer Services of changes in their address or other contact data. There is no fee. Mail this form to the Division at the address indicated in the letterhead.

<b>Section 1. Identifying Information</b>	
Please provide all data requested in this Section, so that we can accurately identify the record to be updated.	
<b>Entity name as licensed:</b>	
<b>FEIN:</b>	
<b>Existing licensees only --</b> if you are an existing licensee, enter your license number in this block: <b>Establishment License Number:</b>	
<b>License applicants only --</b> if you are an applicant for license, indicate what month and year you submitted your application and what type of license was applied for: Month            Year            Type of License	
<b>Section 2. New Mailing Address and/or Other Contact Data</b>	
You may leave blank any data field where no updating is needed. However, if you are in doubt as to what data the Division has concerning you, feel free to enter data in all data fields below.	
<i>Note: A change of actual physical location of a licensed funeral establishment, cinerator facility, direct disposal establishment, refrigeration facility, removal facility or centralized embalming facility requires Board approval and/or notification, and this form may not be used to apply for Board approval (please contact Division Staff to determine which form(s) is needed).</i>	
<b>Preferred Mailing Address:</b>	
Street:	
City:                      State:                      Zip:                      County:	
<b>Phone number:</b>	<b>Email address (e.g., smithj@xyz.com):</b>
Area code:            Phone #            -	

<b>Section 3. Signature</b>	
I, the licensee or applicant identified above, hereby request the Division of Funeral, Cemetery & Consumer Services to conform the data in their records concerning the funeral director/direct disposer to the information entered above.	
_____	_____
<b>Signature</b>	<b>Date signed</b>