

# Regional MLS, Inc.

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## Notification of Subscriber Changes

Please use this form if you are a current subscriber of Regional MLS making a change to any of the following information. **With the exception of your name and license number, please check all that apply and complete the corresponding field(s) below.**

**I am changing my:** Name \_\_\_\_\_ (Please attach copy of legal documents, new license, or copy of DBPR 2050-1 Form)

Nickname \_\_\_\_\_ License Number \_\_\_\_\_

Home / Mailing Address \_\_\_\_\_ Home Fax Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_ Website Address \_\_\_\_\_

Office \_\_\_\_\_ (Please include a copy of the DBPR 2050-1 Form with this change of office)

Reactivating with RMLS \_\_\_\_\_ Association: Add \_\_\_\_\_ Drop \_\_\_\_\_ Change \_\_\_\_\_

Date \_\_\_\_\_ Real Estate Lic # \_\_\_\_\_ New Lic # \_\_\_\_\_

Name \_\_\_\_\_

Home / Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (with area code) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Nickname \_\_\_\_\_ Home Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Website Address \_\_\_\_\_ Association \_\_\_\_\_

**I am leaving this office:**

Office ID Number \_\_\_\_\_ Office Name \_\_\_\_\_

**I am reactivating:**

Office ID Number \_\_\_\_\_ Office Name \_\_\_\_\_

**I am transferring to this office:**

Office ID Number \_\_\_\_\_ Office Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Subscriber Signature \_\_\_\_\_

\*\*Please submit Subscriber Agreement with this form locate [http://www.rmlsfl.com/pdf/Subscriber\\_Agreement.pdf](http://www.rmlsfl.com/pdf/Subscriber_Agreement.pdf)\*\*