

# FLORIDA NOTARY PUBLIC NAME CHANGE ORDER FORM

**Florida Notary Package  
B  
\$65.00**



Image not actual size

**Rectangular Self-inking Stamp,**  
clean and easy storage.  
Package Price:  
**Florida Notary Name Change Filing  
Fee  
Notary Certificate  
Self Inking Rectangular Stamp  
S/H**

**Florida Notary Package  
C  
\$75.00**



Image not actual size

**Professional Round Self-inking  
Stamp,**  
has an impressive seal-great for any  
office!  
Package Price:  
**Florida Notary Name Change Filing  
Fee  
Notary Certificate  
Self Inking Round Stamp  
S/H**



**Handheld Embosser \$29.00**  
(Includes Standard S/H)

Choose your Package	Price	✓	Total
Notary Name Change Package B	65.00		
Notary Name Change Package C	75.00		
Handheld Embosser	29.00		
<b>Additional Fees</b>			
<b>YOUR TOTAL PURCHASE</b>			
Standard Processing & Shipping time Approximately 3 weeks			

IMPORTANT!

Mailing Address:

1ST STATE INSURANCE

2804 NE 8<sup>TH</sup> ST- Ste 202  
Homestead, FL 33033

786.243.9886

www.FloridaNotaryNow.com

### PAYMENT OPTIONS

- Check Enclosed Payable to 1<sup>st</sup> State Insurance     
  MC     
  VISA     
  AMEX

### NOTARY NAME CHANGE- CC PAYMENT

NOTARY NAME:		NOTARY ID#:	DOB:	DL#
CC#:		EXP DATE:		
BILLING ADDRESS:		CITY:	ST:	ZIP:
EMAIL ADDRESS:		CONTACT TEL #:		
AUTHORIZED CARDHOLDER SIGNATURE: <b>X</b>				Date:

STATE OF FLORIDA  
NOTARY PUBLIC

AMENDED COMMISSION REQUEST  
NOTICE OF NAME CHANGE

\_\_\_\_\_  
*Type or print name in which commission is currently issued*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date of birth*

\_\_\_\_\_  
*Sign your official signature as currently commissioned*



\_\_\_\_\_  
*Type or print new commission name as it is to appear on your certificate*



**Imprint current seal for identification  
only**

\_\_\_\_\_  
*Sign your new official signature, the same as your new commission name*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date legal name changed*

**FILL IN YOUR CURRENT ADDRESSES AND PHONE NUMBERS:**

\_\_\_\_\_  
*Physical home address, City and Zip*

( )

\_\_\_\_\_  
*Area code and telephone number*

\_\_\_\_\_  
*Indicate business name, unemployed or retired*

\_\_\_\_\_  
*Business address, City and State*

( )

\_\_\_\_\_  
*Area code and business telephone no.*

MAIL TO:

Business

Home

OR

\_\_\_\_\_  
*Mailing address*

**Please forward this form along with applicable fees and your current commission to your bonding agency. Your bonding agency will provide the rider to your notary public bond and forward all forms to the Secretary of State's office for processing.**