

FLORIDA NOTARY PUBLIC NAME CHANGE ORDER FORM

Florida Notary Package A

\$60.00



Image not actual size

Basic Wooden Stamp.
(Ink pad not included).
Package Price:

**Florida Notary Name Change Filing Fee
Notary Certificate
Wooden Stamp
S/H**

Florida Notary Package B

\$60.00



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

\$70.00



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**

**New Low Price!
\$29.00**



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

Choose your Package	Price	✓	Total
Notary Name Change Package A	60.00		
Notary Name Change Package B	60.00		
Notary Name Change Package C	70.00		
Handheld Embosser	29.00		
Additional Fees			
Priority Express Service Fee (7-10 Business Days- Please provide Street Address for Secure Delivery)	25.00		
YOUR TOTAL PURCHASE			
Standard Processing & Shipping time Approximately 2 weeks			

IMPORTANT!

Mailing Address:
**1ST STATE INSURANCE
PO BOX 901475
HOMESTEAD, FL 33090-1475**

Overnight Street Address:
**2804 NE 8TH ST- Ste 202
Homestead, FL 33033
786.243.9886**

www.FloridaNotaryNow.com

PAYMENT OPTIONS

- Check Enclosed Payable to 1st State Insurance
 MC
 VISA
 AMEX

NOTARY NAME CHANGE- CC PAYMENT

NOTARY NAME:		DD#:	DOB:	DL#
CC#:		EXP DATE:		CV#:
BILLING ADDRESS:		CITY:	ST:	ZIP:
EMAIL ADDRESS:		CONTACT TEL #:		
AUTHORIZED CARDHOLDER SIGNATURE: X				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.