

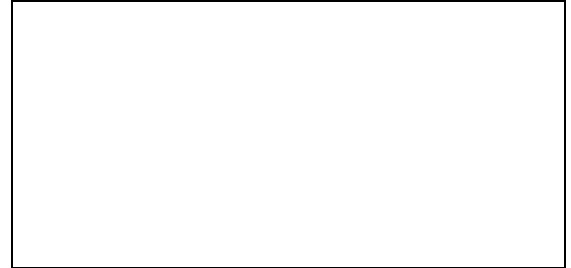
**STATE OF FLORIDA  
NOTARY PUBLIC**

**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**

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

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

**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.**