

Amended Commission Request

Please confirm that Florida Notary Association is your current bonding agency, refer to http://notaries.dos.state.fl.us/not001.html.

> Mail your Amended Commission Request to our office: P.O. Box 533964, Orlando, Florida 32853

Currer	nt Name:					
Commission #		Expiration Date				
New Name:						
	_		8 7	OT	1	
name office	change. with your ate your c	Commission Reque Once you have co current commission current commission of	ompleted and sign certificate and p	ned this form, payment of \$52	please mail .00. If you ar	I it to our re unable
weeks duties	from our	a new notary certification receipt of your for ary in your former office.	ms and payment	. You may cont	tinue to perf	form your
		Amended C	ommission R	!equest - \$!	52	
PAYMENT OPTIONS		Check Purchase Order	Money Ord	der d Portal (Link will b	e emailed)	DISCOVER AVIERICANI EXPRESS
VEN.	Notar	y's Name:				MasterCa
PAY	Email:					/ISA

STATE OF FLORIDA NOTARY PUBLIC

AMENDED COMMISSION REQUEST NOTICE OF NAME CHANGE

NOTICE OF NAME	CHANGE
	/ /
Type or print name in which commission is <u>currently</u> issued	Date of birth
Sign your official signature as <u>currently</u> commissioned	
Type or print <u>new</u> commission name as it is to appear on	Imprint current seal for identification only
your certificate	γ ΄
Sign your new official signature, the same as your <u>new</u> 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 Zip	Area code and telephone number
MAIL TO: Business Home OR	