



Florida Notary Public Amended Commission Instructions

Former Name: _____

New Name: _____

Address: _____

City, State, Zip: _____

NNA Member or Customer # (if available): _____

Any Notary Public who lawfully changes his/her name during the term of the commission must request an amended commission. Once requested, the Notary may continue to use his/her seal until the amended commission is received.

Please follow these six steps:

- 1. Verify that your bonding company is National Notary Association-Florida.
2. Submit your current Certificate of Commission.
3. Complete all sections of the Notice of Name Change form.
4. Select a new Notary Seal.

Table with 3 columns: Stamp Type, Price, and Non-member Price. Includes Value Stamp, Self-Inking (item #5402FB) and Classic Stamp (item #5304FB).

5. Prepare your payment as follows:

\$ 25.00 State Filing Fee (required by law)

\$ Seal (required by law)

\$ Sales Tax (tax on seal only)

\$ Shipping (required) \$7.95 for Self-Inking Stamp or \$6.95 for Classic Stamp

\$ Add amounts for TOTAL payment

Check or Money Order enclosed (payable to National Notary Association), or

Charge my credit card Visa MasterCard American Express Discover

Credit Card Number _____ Expiration Date ____/____

Name on Card (print) _____

Billing Address _____

Signature _____

- 6. Return your Notice of Name Change form, Certificate or letter of explanation, payment and this form to NNA Processing Center, 9350 De Soto Ave., P.O. Box 2402, Chatsworth, CA 91313-2402.

Should you have any questions, please contact the National Notary Association at 1-800-876-6827.

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.