



1ST STATE INSURANCE & NOTARY
 42 N. HOMESTEAD BLVD
 HOMESTEAD, FL 33030
 TEL.786.243.9886
www.FloridaNotaryNow.com
service@stonerins.com



FLORIDA NOTARY PUBLIC NAME CHANGE ORDER FORM

Rectangular
\$65.00



Image not actual size

Price Includes:
 Replacement Stamp
 Notary Certificate,
 S/H

Round
\$75.00



Image not actual size

Price Includes:
 Replacement Stamp
 Notary Certificate,
 S/H

Handheld Embosser
\$29.00



Image not actual size

Price Includes:
 S/H

Jurat
\$29.00



Image not actual size

Oath/ Affirmation or Acknowledgement
Price Includes:
 S/H

| NOTARY NAME CHANGE | PRICE EACH | ✓ | |
|--|------------|---|-----------|
| Notary Name Change Includes Self-Inking Rectangular Stamp | 65.00 | | |
| Notary Name Change Includes Self-Inking Round Stamp | 75.00 | | |
| SPECIAL DISCOUNTED PRICES | | | |
| Additional Rectangular Stamp | 15.00 | | |
| Additional Round Stamp | 20.00 | | |
| Hand Held Embosser | 29.00 | | |
| Jurat Stamp (Oath / Affirmation) | 29.00 | | |
| Jurat Stamp (Acknowledgement) | 29.00 | | |
| Duplicate Notary Certificate | Included | | 00.00 |
| ADD YOUR TOTAL PURCHASE HERE: | | | |
| STANDARD S/H INCLUDED. PLEASE ALLOW APPROXIMATELY 2 WEEKS | | | \$ |

PAYMENT OPTIONS

- Check Payable to 1st State Insurance MC VISA AMEX

| | | | | |
|--|----------------|------|------|-------|
| NOTARY NAME: | NOTARY ID#: | DOB: | DL | |
| CC#: | EXP DATE: | | | |
| BILLING ADDRESS: | CITY: | ST: | ZIP: | |
| EMAIL ADDRESS: | CONTACT TEL #: | | | |
| AUTHORIZED CARDHOLDER SIGNATURE: X | | | | Date: |

For your convenience, please fax or email your order!
service@stonerins.com or 786.551.0110

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.