



**1<sup>ST</sup> STATE INSURANCE & NOTARY**  
 42 N. HOMESTEAD BLVD  
 HOMESTEAD, FL 33030  
 TEL.786.243.9886  
[www.FloridaNotaryNow.com](http://www.FloridaNotaryNow.com)  
[service@stonerins.com](mailto: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
<b>ADD YOUR TOTAL PURCHASE HERE:</b>			
<b>STANDARD S/H INCLUDED. PLEASE ALLOW APPROXIMATELY 2 WEEKS</b>			<b>\$</b>

**PAYMENT OPTIONS**

- Check Payable to 1<sup>st</sup> 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: <b>X</b>				Date:

**Please complete and mail in to process:**  
**42 N. Homestead Blvd. Homestead, FL 33030**

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.**