



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		\$	

(CREDIT & DEBIT CARD Transaction Fee 3% + .45 will be added)**

PAYMENT OPTIONS

- Check Payable to 1st State Insurance MC VISA AMEX

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

Name Change 2022v06

**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.