



Tradition of Trust & Integrity Empowering America's Notaries Since 1940.

Please complete and return this form along with the following forms (Total of 3 forms):

- Please mail all forms to: Florida Notary "Discount" Association Co.
Attn: FL Name Change Dept.
P.O. Box 7177
Tallahassee, FL 32314
- Amended commission request form - Obtained for us or from the State of Florida.
- Florida Rider Form - You must sign the Florida Rider Form where indicated.
- Your original notary certificate - If you cannot locate your certificate, you must provide a written statement that you no longer have the certificate in your possession.
- Include payment of \$ 49.95 by credit card, check or money order. The fee includes shipping and your new official seal stamp.

FLORIDA NOTARY COMMISSION NAME CHANGE FORM

Old Commissioned Name: _____

Note: Print or type your name exactly as it currently appears on your commission.

New Name: _____

Note: Print or type your name exactly as you want it to appear on your commission.

Social Security Number: _____ - _____ - _____

Note: Florida law requires your entire Social Security Number.

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Sex: Male Female

Email: _____

Florida Driver's License #: _____

Note: This must be your driver's license number in your new name.

Notary Commission Expiration Date (MM/DD/YYYY): _____ / _____ / _____

Notary Commission Number: _____

Residence Address: _____

Note: The residence address cannot be a P.O. Box.

Residence City: _____ Residence State: _____ Residence Zip Code: _____

Residence Phone Number: _____

Business Employer Name: _____

Business Address: _____

Business City: _____ Business State: _____ Business Zip Code: _____

Business Phone Number: _____

Mail To: Home Business *Other Mailing Address

*Other Mailing Address: _____

*Other Mailing City: _____

*Other Mailing State: _____ *Other Mailing Zip Code: _____

SELECT A PAYMENT METHOD – TOTAL AMOUNT DUE: \$49.95

Name on Credit Card: _____

Credit Card Number: _____ Expiration Date (MM/YY): _____ Card Code Verification: _____

Charge Credit Card: Visa MasterCard American Express Discover

Signature of Cardholder: **X** _____

Indicate Check Number / Money Order Number: # _____

Note: Make payable to Florida Notary "Discount" Association Co.

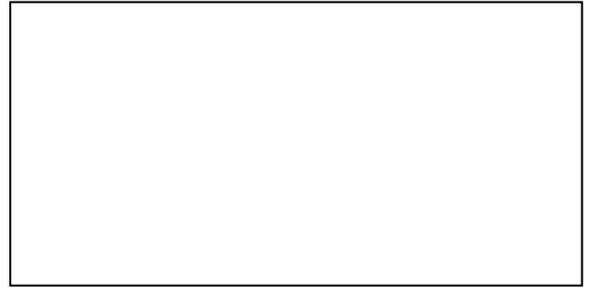
STATE OF FLORIDA NOTARY PUBLIC

AMENDED COMMISSION REQUEST NOTICE OF NAME CHANGE

Type or print your name in which commission is currently issued.

Date of Birth (MM/DD/YYYY): _____/_____/_____

X _____
Sign your official signature as currently commissioned.



IMPRINT CURRENT SEAL FOR
IDENTIFICATION ONLY



Type or print new commission name as it is to appear on your new certificate.

X _____
Sign your new official signature, the same as your new commission name.

Date Legal Name Change (MM/DD/YYYY): _____/_____/_____

FILL IN YOUR CURRENT ADDRESSES AND TELEPHONE NUMBERS:

Physical Home Address: _____

Note: The physical home address cannot be a P.O. Box.

Physical Home City: _____

Physical Home State: _____ Physical Home Zip Code: _____

Home Phone Number: _____

Note: Indicate business name/address/phone or if unemployed or if retired.

Business Name/Address/Phone (Only if checked complete below) Unemployed Retired

Business Name: _____

Business Address: _____

Business City: _____

Business State: _____ Business Zip Code: _____

Business Phone Number: _____

Mail To: Physical Home Business *Other Mailing Address

*Other Mailing Address: _____

*Other Mailing City: _____

*Other Mailing State: _____ *Other Mailing Zip Code: _____

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 you must forward all forms to the Secretary of State's Office for processing.



Contractors Bonding & Insurance Company
1213 Valley Street
P.O. Box 9271
Seattle, WA 98109-0271
For the CBIC branch
Nearest you, call Toll Free
(888) 283-2242
(888) 293-2242 FAX

FLORIDA RIDER

To be attached to and form a part of Bond No. _____ issued by CONTRACTORS BONDING AND INSURANCE COMPANY, in behalf of _____ and in favor of Governor of the State of Florida, executed by CONTRACTORS BONDING AND INSURANCE COMPANY in the amount of Seven Thousand Five Hundred Dollars (\$7,500) effective _____
(Date Notary Name Was Changed)

The principal and the surety hereby consent to changing the name on the said bond to _____

Nothing herein contained shall be held to vary, waive, alter or extend any of the term, conditions, agreements, or warranties of the above mentioned bond, other than as stated above.

Signed this _____ day of _____, _____

Accepted:

CONTRACTORS BONDING AND INSURANCE COMPANY

By _____
(New Legal Signature of Notary)

By _____
(Insurance Company Representative)