



# Amended Commission Request

Please confirm that Florida Notary Association is your current bonding agency, refer to <http://notaries.dos.state.fl.us/not001.html>.

Mail your Amended Commission Request to our office:  
P.O. Box 533964, Orlando, Florida 32853

Current Name:

---

Commission #

Expiration Date

---

New Name:

---

The Amended Commission Request Form should be executed within 60 days of your name change. **Once you have completed and signed this form, please mail it to our office with your current commission certificate and payment of \$52.00.** If you are unable to locate your current commission certificate, a signed letter from you stating that it is lost will suffice.

You will receive a new notary certificate and stamp in approximately two (2) to three (3) weeks from our receipt of your forms and payment. You may continue to perform your duties as a notary in your former name until receipt of the amended commission and stamp from our office.

## Amended Commission Request - \$52

Check / Money Order / P.O.

Credit Card

### PAYMENT OPTIONS

Card Number: 

---

Expiration Date: 

---

 CVV#: 

---

Name on Card: 

---

Billing Address: 

---

Email: 

---



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 Zip*

( ) \_\_\_\_\_  
*Area code and telephone number*

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.**

**DS-DE-77A (4/97)**