

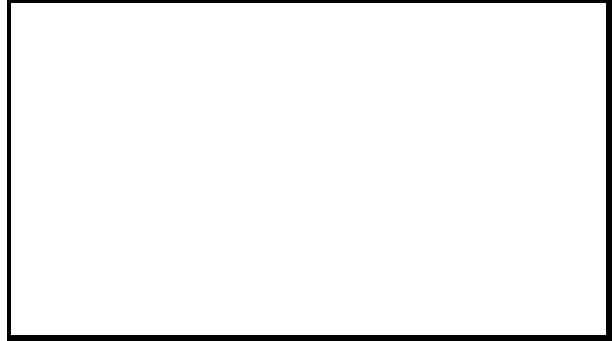
**STATE OF FLORIDA
NOTARY PUBLIC**

**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



 **Imprint current seal for identification only**

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

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.