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 Phone: 954-977-9905 Fax: 954-653-3860

www.cynanotary.com
 E-mail: notary@cynanotary.com

NOTARY COMMISSION NAME CHANGE FORM

Florida law states that The Amended Commission Request Form should be executed within 60 days of your name change. **Complete and sign the attached form, and mail it to our office with your current commission certificate and payment of \$67.50 (\$60 + \$7.50 S&H).** If you are unable to locate your current commission certificate, please include a signed letter from you stating that it is lost.

You will receive a new notary certificate and self-inked stamp in about two to three weeks from our receipt of your paperwork 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.

If you are unable to print these forms for any reason, please call us at 954-977-9905 and we will email it to you. Should you have any questions regarding your name change, please give our office a call.

I paid online at www.cynanotary.com. My order number is: _____

PAYMENT OPTIONS: CHECK MONEY ORDER CREDIT CARD

Please make Check or Money Order payable to Cynanotary and mail to address above.

I hereby authorize "Cynanotary" to charge my VISA/MASTERCARD in the amount of \$_____. I agree to pay the total amount by signing below. **Please provide your phone number. For your protection, we will CALL you for your CCV number.** *Note: When entering the credit card information, the addresses must match the cardholder's billing address.*

 Applicant's Name

 Name on Credit Card

 Full Address including zip code (as listed on your Credit Card bill)

 Credit Card #

 Expiration Date

 Phone Number

 Authorized Signature

 Date Signed

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.