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Florida Business Center
Disadvantaged Business Enterprise (DBE)
Minority/Woman Business Enterprise (M/WBE)
Small Business Enterprise (SBE)
County Business Enterprise (CBE)

NOTARY COMMISSION NAME CHANGE FORM

Florida law states 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 \$69 (\$60 + \$9 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.

Select a stamp case color. The ink is always black. Black; White; Grey; Red; Green; Yellow; Blue; Fuchsia; Orange; Purple



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. *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

CVV

Authorized Signature

Date Signed

Phone Number

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.