



## INVOICE

**NAME CHANGE / AMENDED COMMISSION INCLUDE:**

Florida State Fee / New Stamp  
 New Certificate of Appointment / Rider to Existing Notary Bond

Name Change Fee (Includes Self-Inking Stamp)	<b>\$50.00</b>	
Name Change Fee (Includes Round Stamp)	<b>\$65.00</b>	
Name Change Fee (Includes Pre Inked Pocket Stamp)	<b>\$87.00</b>	
Embosser Seal	<b>\$36.00</b>	
Notary Public Journal	<b>\$20.00</b>	
Rush Service	<b>\$20.00</b>	

**TOTAL AMOUNT ENCLOSED \$** \_\_\_\_\_

Prices include: shipping, handling & taxes.

**Make your check or money order payable to Aaron Notary Appointment Services, Inc. Mail to:**

**Aaron Notary Appointment Services, Inc.**  
**P.O. Box 69-3002**  
**Miami, FL 33269-3002**

**CREDIT CARD CHARGE AUTHORIZATION**

I hereby authorize "Aaron Notary Appointment Services, Inc." to charge my VISA/MASTERCARD in the amount of \$ \_\_\_\_\_ for my notary appointment.

By signing below, I agree to pay the above amount.

\_\_\_\_\_  
 Name on Credit Card

\_\_\_\_\_  
 Full Address (as listed on your Credit Card bill including Zip Code)

\_\_\_\_\_  
 Credit Card #

\_\_\_\_\_  
 Expiration Date

\_\_\_\_\_  
 CVV2

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date Signed

**RETURN THE FOLLOWING FORMS BY MAIL**

**Completed Name Change / Amended Commission Forms and Your Original Certificate of Appointment issued to you by the State for your current Commission (if you do not have your original Certificate of Appointment. Please include a letter signed and dated from you, stating that you no longer have your original Certificate of Appointment due to loss or damage, etc.)**

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, State and Zip*

( )

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

\_\_\_\_\_  
*Indicate business name, unemployed or retired*

\_\_\_\_\_  
*Business address, City, State and Zip*

( )

\_\_\_\_\_  
*Area code and business telephone no.*

\_\_\_\_\_  
*E-mail Address*

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.**