



Name Change A

- ✓ Notary Rider
- ✓ All State Fees
- ✓ Rectangular Self-Inking Stamp
- ✓ Notary Certificate
- ✓ Tax & S&H Included

\$69

+ Ron Name Change \$60.00

Name Change B

- ✓ Notary Rider
- ✓ All State Fees
- ✓ Round Self-Inking Stamp
- ✓ Notary Certificate
- ✓ Tax & S&H Included

\$79

+ Ron Name Change \$60.00

Name Change C

- ✓ Notary Rider
- ✓ All State Fees
- ✓ Pre-Inked Pocket Stamp
- ✓ Notary Certificate
- ✓ Tax & S&H Included

\$89

+ Ron Name Change \$60.00

For an additional \$6.00 choose your case color: **RED** **BLUE** **PINK** **FUCHSIA** **PURPLE** **GREEN** **MINT**
Package A ONLY

ADDITIONAL NOTARY SUPPLIES

- Notary Public Journal \$17.00
- RUSH SERVICE - Approx. 15 business days (Normal processing time is approximately 30 business days). \$20.00
- Thumbprint Pad \$15.00
- E-Notary Seal \$25.00
- Rectangular Self-Inking Stamp \$25.00
- Round Self-Inking Stamp \$30.00
- Rectangular Pre-Inked Pocket Stamp \$36.00
- Round Pocket Stamp \$30.00
- Pocket Embosser Seal \$36.00
- Desk Embosser Seal \$30.00
- Impression Inker for Embosser Seal \$13.00
- Jurat Self-Inking Stamp \$35.00
- Certified Self-Inking Stamp \$35.00
- Notary Supplies Pouch \$10.00
- Name Plate with desk holder 2"x10": Silver White Gold \$35.00

HO HIDDEN FEES -Total Amount Enclosed \$ _____

PAYMENT OPTIONS: CHECK MONEY ORDER CREDIT CARD ACH/CC PAYMENT LINK

I hereby authorize "Aaron Notary Appointment Services, Inc." to charge my VISA/MASTERCARD in the amount of \$_____. By signing below, I agree to pay the amount listed above

Name on Credit Card _____ Full Address (as listed on your statement) _____

Credit Card Number _____ Expiration Date _____ CVV2 Code _____

Authorized Signature _____ Email Address for ACH/CREDIT CARD Payment Link _____



Questions? Contact us at
(305) 654-8887



www.AaronNotary.com



Mail your application to:

**PO BOX 693002
MIAMI FL 33269-3002**

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

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Area code and telephone number

Indicate business name, unemployed or retired

Business address, City, State and Zip

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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.



NAME CHANGE APPLICANTS CHECKLIST

_____ Invoice and payment.

_____ Name Change Form– must be filled out completely and signed.

_____ Original Notary Commission Certificate – If you don't have your notary commission certificate, please include a letter of explanation for the lost or damaged.

Keep a copy of your Invoice/Receipt for your records.

**ALL THE INFORMATION LISTED ABOVE
MUST BE MAILED TO:**

Aaron Notary Appointment Services, Inc.
PO Box 693002
Miami, FL 33269-3002
www.AaronNotary.com

Return forms promptly; failure to do so will delay your notary appointment.

If Aaron Notary Appointment Services, Inc. cannot process your order within 120 days due to lack of information from you, we are no longer obligated to fulfill your order, your payment will be forfeited, and your application form will be discarded.

