



INVOICE

NAME CHANGE / AMENDED COMMISSION INCLUDE:

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

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|--|----------------|-------|
| Name Change Fee (Includes Self-Inking Stamp) | \$50.00 | _____ |
| Name Change Fee (Includes Round Stamp) | \$65.00 | _____ |
| Name Change Fee (Includes Pre Inked Pocket Stamp) | \$87.00 | _____ |
| Embossed Seal | \$36.00 | _____ |
| Notary Public Journal | \$20.00 | _____ |
| Rush Service | \$20.00 | _____ |

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

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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.