ATLANTIC BONDING COMPANY, INC.
Post Office Box 11901
Fort Lauderdale, Florida 33339-1901
954-941-6100/800-732-2245 FAX: 954-941-0412

NAME CHANGE/AMENDED COMMISSION

I N V O I C E

NAME CHANGE/AMENDED COMMISSION INCLUDES:

Florida State Fee / New Self-Inking Stamp-Seal /
New Certificate of Appointment / Rider to Existing Notary Bond

Name Change/Amended Commission Fee: $50.00 _____

Optional Embossing Seal: $36.50 _____

PAYMENT OPTIONS: TOTAL AMOUNT: $_____

Check or Money Order Enclosed
Payable to: **ATLANTIC BONDING COMPANY**

Charge to my: Master Card Visa _____ _____
Credt Card Number Expiration Date

_____
Signature Required

PLEASE RETURN THIS INVOICE & YOUR *FORMS TO THE ADDRESS LISTED ABOVE.

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

PROCESSING TIME IS APPROXIMATELY 10 DAYS FROM OUR RECEIPT OF YOUR REQUEST.