

Nonrefundable Filing Fee: \$10.00



STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No. (808) 586-2727



**CERTIFICATE OF CHANGE OF FOREIGN LIMITED PARTNERSHIP REGISTRATION**  
(Section 425E-908, Hawaii Revised Statutes)

*PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK*

The undersigned, in accordance with the provisions of Chapter 425E, Hawaii Revised Statutes, certifies as follows:

- 1. The partnership is (check one):  Foreign Limited Partnership  
 Foreign Limited Liability Limited Partnership

2. The name of the partnership is:

\_\_\_\_\_

3. The jurisdiction under which the partnership was formed is:

\_\_\_\_\_

4. The partnership's application for registration has been amended as follows:

I certify, under the penalties set forth in Sections 425E-208, Hawaii Revised Statutes, that I have read the above statements, I am authorized to make this change, and that the statements are true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Type/Print Name of General Partner)

\_\_\_\_\_  
(Signature of General Partner)

SEE INSTRUCTIONS ON REVERSE SIDE. The certificate must be signed and certified by a general partner.

**Instructions:** Certificate must be typewritten or printed in **black ink**, and must be **legible**. All signatures must be in **black ink**. Submit original certificate together with the appropriate fee.

The certificate must be signed and certified by at least one general partner. If partner is a **corporation**, a corporate officer must sign on behalf of the corporation. If partner is another **partnership**, a general partner must sign on behalf of the other partnership. If partner is a **LLC**, must be signed by a manager of a manager-managed company or by a member of a member-managed company. If partner is a **LLP**, must be signed by a partner.

- Line 1. Check the appropriate box.
- Line 2. State the full name of the partnership.
- Line 3. Give the name of the state or country where the partnership was formed.
- Line 4. State the changes to the partnership's application for registration.

**Filing Fees:** **Filing fee (\$10.00) is not refundable.** Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.

For any questions call (808) 586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign: Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai & Molokai 1-800-468-4644 (toll free).

Fax: (808) 586-2733      Email Address: [breg@dcca.hawaii.gov](mailto:breg@dcca.hawaii.gov)

**NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.**

**ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION 92F-11, HRS)**