



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



STATEMENT OF CHANGE OF NONCOMMERCIAL REGISTERED AGENT'S
BUSINESS ADDRESS OR NAME

(Section 425R-8, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned registered agent certifies as follows:

- 1. The entity represented by the registered agent is: (please check one)
[] Profit Corporation [] Nonprofit Corporation [] General Partnership [] Limited Liability Partnership
[] Limited Partnership [] Limited Liability Limited Partnership [] Limited Liability Company

2. The name and state/country of incorporation/formation or organization of the entity is:
(Type/Print Entity Name) (State or Country)

3. a. Present name of the current registered agent is:
b. If the name of the agent has changed, the new name of the registered agent is:

4. a. Present street address of the registered agent is:
b. If the address of the agent changed, the new complete street address of the registered agent is:

5. The noncommercial registered agent shall promptly furnish the represented entity with notice in a record of the filing of a statement of change and the changes made by the filing.

I certify under the penalties of Section 414-20, 414D-12, 425-13, 425-172, 425E-208 and 428-1302, Hawaii Revised Statutes, as applicable, that I have read the above statements, I am authorized to make this change, and the above statements are true and correct.

Signed this _____ day of _____, _____

(Type/Print Name of Agent) (Signature)

Office Held: _____ (If applicable)

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. The statement must be signed and certified by the **registered agent**. If registered agent is an entity, an authorized official must sign. All signatures must be in **black ink**. Submit original statement together with the appropriate fee(s).

Execution:

If the registered agent is an **individual**, the individual must sign.

If the registered agent is a **corporation**, at least one officer of the corporation must sign.

If the registered agent is a **general partnership**, at least one general partner must sign.

If the registered agent is a **limited liability partnership**, at least one general partner must sign.

If the registered agent is a **limited partnership**, at least one general partner must sign.

If the registered agent is a **limited liability limited partnership**, at least one general partner must sign.

If the registered agent is a **limited liability company**, at least one manager of a manger-managed company or at least one member of a member-managed company must sign.

Line 1. Check the appropriate box that applies to the represented entity.

Line 2. State the full name and the state/country of incorporation/formation of the entity.

Line 3. a. State the current name of the agent.

b. State the new name of the agent.

Line 4. a. State the present street address of the agent.

b. State the new street address of the agent. Give the number, street, city, state and zip code.

Filing Fees: Filing fee (\$25) is not refundable. (200 or less affected entities, the filing fee is \$25 **each**. 201 or more affected entities, the filing fee is \$1 each.)

Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee (\$25)

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

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)