



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



PARTNERSHIP CHANGE OF NAME STATEMENT

(Section 425-7, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned hereby certify as follows:

1. The general partnership is (check one): Domestic Foreign

2. The registered name of the general partnership is:

(Name of Partnership Prior to Change)

3. The state or country where the partnership was formed is: _____

4. The name of the partnership was changed on: _____
(Month, day, year)

5. The new name of the partnership is: _____
(New Name of Partnership)

I certify, under the penalties set forth in Section 425-13, 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)

B33 (Fee)
S12 (SH)
B22 (Penalty)

SEE INSTRUCTIONS ON REVERSE SIDE. The statement must be signed by a general partner.

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

This statement must be signed and certified by a 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.

Statement must be filed in the Department of Commerce and Consumer Affairs, together with the required filing fee, within thirty (30) days **after** the partnership has changed its name. Failure to file a change of name statement within the prescribed time will make each partner liable severally to the State in the amount of \$25.00 for each and every month while the default shall continue.

- Line 1. Check appropriate box.
- Line 2. State the full name of the general partnership before the name change.
- Line 3. Give the name of the state or country where the partnership was formed.
- Line 4. State the date (month, day, year) the partnership changed its name.
- Line 5. State the new name of the partnership.

Filing Fees: *Filing fee of \$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

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)