



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

(Chapter 425, 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 name of the general partnership is:

(Name of Partnership)

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

4. The Registration Statement for Partnership is changed as follows:

I certify, under the penalties set forth in Section 425-13, Hawaii Revised Statutes, that I have read the above statements and, I am authorized to make the 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 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.

Line 1. Check appropriate box.

Line 2. State the full name of the general partnership.

Line 3. Give the name of the state or country where the partnership was formed.

Line 4. State the change(s) made to the Registration Statement for Partnership.

If additional space is required, state **SEE ATTACHED**, and use an attachment. Attachment must be typewritten or printed in black ink on 8-1/2 x 11 white, bond paper and printed only on one side.

Filing Fees: Filing fee of \$10 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)