



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

(Section 425, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned hereby certify as follows:

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

2. The name of the limited liability partnership is:

(Name of Partnership)

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

4. The Statement of Qualification/Statement of Foreign Qualification is changed as follows:

I certify, under the penalties of Section 425-172, 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/Name of Partner)

By _____
(Partner Signature)

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 at least one 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 partnership.

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

Line 4. State the appropriate change.

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.

NOTE: Any changes to a limited liability partnership/foreign limited liability partnership must also be made to the general partnership. A Statement of Change Form GP-3 must be filed together with the LLP-3 form. The fee for the GP-3 form is \$10.00.

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