

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



**TRADEMARK/SERVICE MARK REGISTRANT NAME CHANGE**

(Chapter 482, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

1. (a) Trademark or service mark (line out inapplicable type) is: \_\_\_\_\_

(b) Certificate Number: \_\_\_\_\_

(c) Classification: \_\_\_\_\_

2. Name of Registrant (before the change): \_\_\_\_\_

Business Address: \_\_\_\_\_  
(including city, state, and zip code)

3. Status of Registrant (check only one)  Sole Proprietor  Corporation  Partnership  LLC  LLP  
 Unincorporated Association **OR**  Other (explain): \_\_\_\_\_

If registrant is an entity, list state or country of incorporation/formation/organization: \_\_\_\_\_

4. New Name of Registrant: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(including city, state, and zip code)

5. Effective Date of Name Change of Registrant: \_\_\_\_\_

I certify, under the penalties set forth in Section 482-51, Hawaii Revised Statutes, that (check one):  I am the applicant **OR**  
 I am the \_\_\_\_\_ of the registrant named in the foregoing application, I am authorized to sign  
(Office Held)  
this statement, and that the above statements are true and correct.

\_\_\_\_\_  
(Print Name) (Signature) (Date)

SEE INSTRUCTIONS ON REVERSE SIDE. Application must be signed by the registrant.

(DEPARTMENTAL USE ONLY)  
**CERTIFICATE OF REGISTRATION**

Certificate to Registration No. \_\_\_\_\_, is hereby registered in the new named of Registrant, effective \_\_\_\_\_

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAII

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Director of Commerce and Consumer Affairs)

**Instructions:** Application must be typewritten or printed in **black ink**, and must be **legible**. Signature must be in **black ink**. Submit application together with the appropriate fee.

Application must be signed by the registrant only. For **corporations**, application must be signed by an authorized officer of the corporation. For **general or limited partnerships**, application must be signed by a general partner. For **LLC**, application must be signed by a manager of a manager-managed company or by a member of a member-managed company. For **LLP**, application must be signed by a partner.

- Line 1. (a) State the exact trademark or service mark.  
(b) State the Certificate No. of the mark.  
(c) State the classification of the mark.

Line 2. State the name of the registrant before the name change and the complete business address (including city, state, and zip code).

Line 3. Check one box to indicate the status of the registrant. If you check "Other," you must explain what type of entity the assignor is.  
If the registrant is a corporation, partnership, or limited liability company, list the state or country in which it was incorporated, formed or organized.

Line 4. State the new name of the registrant and the complete business address (including city, state, and zip code).

Line 5. State the date registrant's name was changed.

**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)**