

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 BY COMMERCIAL REGISTERED AGENT

(Section 425R-9 Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned certify as follows:

1. The name of the Commercial Registered Agent (CRA) as currently listed is:

2. Information being changed: (check all that apply)
Complete only applicable lines below.

[] a. New name of CRA (can be an individual or an entity):

(Type/Print New Name)

[] b. New street address of the Commercial Registered Agent in this State:

[] c. The entity type of the CRA has changed to: (Please check one)

- [] Profit Corporation [] Nonprofit Corporation [] General Partnership
[] Limited Partnership [] Limited Liability Partnership [] Limited Liability Limited Partnership
[] Limited Liability Company [] Other: _____ [] No Change

[] d. The jurisdiction of organization of the CRA has changed to: _____
(State or Country)

3. The filing of this statement of change under section 425R-9, Hawaii Revised Statutes, is effective upon filing and will change the information regarding this commercial registered agent with respect to each entity that has filed to be represented by the agent. The commercial registered agent shall promptly furnish each entity represented by it with written notice of the filing of a statement of change relating to the change or changes made by this filing.

I/we 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/we have read the above statements, I/we are authorized to make this change, and that the above statements are true and correct.

Signed this _____ day of _____, _____

(Type/Print Name & Title)

(Type/Print Name & Title)

(Signature of Officer)

(Signature of Officer)

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. The statement must be signed by the **commercial registered agent**. If the commercial 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:

For **corporations**, document must be signed by at least one officer of the corporation.

For **general partnerships**, document must be signed by at least one general partner.

For **limited liability partnerships**, document must be signed and certified by at least one partner.

For **limited partnerships**, document must be signed by at least one general partner.

For **limited liability limited partnerships**, document must be signed by at least one general partner.

For **limited liability company**, document must be signed and certified by at least one manager of a manager-managed company or by at least one member of a member-managed company.

Line 1. State the current name of the commercial registered agent.

Line 2. Check off the box or boxes that apply for the change(s) of the commercial registered agent.

- a. If the name of the agent has changed, state its new name or state "no change".
- b. If the address of the agent has changed, state the new street address or state "no change".
- c. If the entity type has changed, check off the appropriate box.
- d. If the jurisdiction of organization has changed, state the new state or country or state "no change".

The commercial registered agent shall promptly furnish each entity represented by it with notice through a letter, email or other written form of the change(s) made by this filing.

Filing Fees: Filing fee (\$25.00) 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)