



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 OF NONCOMMERCIAL REGISTERED AGENT'S
BUSINESS ADDRESS OR NAME

(Section 425R-8, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned registered agent certifies as follows:

- 1. The entity represented by the registered agent is: (please check one)
[ ] Profit Corporation [ ] Nonprofit Corporation [ ] General Partnership [ ] Limited Liability Partnership
[ ] Limited Partnership [ ] Limited Liability Limited Partnership [ ] Limited Liability Company

2. The name and state/country of incorporation/formation or organization of the entity is:

(Type/Print Entity Name) (State or Country)

3. a. Present name of the current registered agent is:

b. If the name of the agent has changed, the new name of the registered agent is:

4. a. Present street address of the registered agent is:

b. If the address of the agent changed, the new complete street address of the registered agent is:

5. The noncommercial registered agent shall promptly furnish the represented entity with notice in a record of the filing of a statement of change and the changes made by the filing.

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_,

(Type/Print Name of Agent) (Signature)

Office Held: \_\_\_\_\_ (If applicable)

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

If the registered agent is an **individual**, the individual must sign.  
If the registered agent is a **corporation**, at least one officer of the corporation must sign.  
If the registered agent is a **general partnership**, at least one general partner must sign.  
If the registered agent is a **limited liability partnership**, at least one general partner must sign.  
If the registered agent is a **limited partnership**, at least one general partner must sign.  
If the registered agent is a **limited liability limited partnership**, at least one general partner must sign.  
If the registered agent is a **limited liability company**, at least one manager of a manger-managed company or at least one member of a member-managed company must sign.

- Line 1. Check the appropriate box that applies to the represented entity.
- Line 2. State the full name and the state/country of incorporation/formation of the entity.
- Line 3. a. State the current name of the agent.  
b. State the new name of the agent.
- Line 4. a. State the present street address of the agent.  
b. State the new street address of the agent. Give the number, street, city, state and zip code.

**Filing Fees: Filing fee (\$25) 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](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)**