

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 REGISTERED AGENT BY ENTITY

(Section 425R-7 Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned certify as follows:

Represented Entity (that wishes to change its registered agent)

1. Specify represented entity type, 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 represented entity is:

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

Current Agent Information

3. a. Name of its current registered agent:

b. Street address of agent's current office in this State:

New Agent Appointment

4. Name of the entity's new registered agent after the change is:

_____ (Type/Print Name of Agent) _____ (State or Country, if Agent is an Entity)

5. Street address (including number, street, city, state, and zip code) of its registered agent's office in this State after the change is:

6. The appointment of a registered agent in this statement is an affirmation by the represented entity that the new agent has consented to serve as such.

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)

SEE INSTRUCTIONS ON REVERSE SIDE.

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. 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. Check the appropriate box that applies to the represented entity.

Line 2. State the full name and the state/country of incorporation/formation or organization of the represented entity.

Line 3. a. State the name of the current registered agent, before the change.

b. State the street address of the agent's current office in Hawaii, before the change

Line 4. State the name of the new registered agent in the State of Hawaii. If there has been no change, state *NO CHANGE*. The agent must be an individual who resides in Hawaii, a domestic entity, or a foreign entity authorized to transact business or conduct affairs in the State of Hawaii. If agent is an entity, state the state or country of incorporation/formation or organization of the agent.

Line 5. State the new address of the new registered agent's office in the State of Hawaii. Give the number, street, city, state and zip code. If there has been no change in the address, state *NO CHANGE*.

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

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)