

Department of Commerce and Consumer Affairs
Business Registration Division
P. O. Box 40
Honolulu, Hawaii 96810

Date: _____

RE: _____

Mark Type (select one): ☐ Trade Name ☐ Trademark ☐ Service Mark

File Number: _____

Certificate Number: _____

The Trade Name/Trademark/Service Mark stated above has changed its address

from:

to:

I certify under the penalties of the Hawaii Revised Statutes that I am authorized to make this change for the entity and the statements herein are true and correct in all material respects.

Signed this _____ day of _____, _____

Sincerely,

(Signature)

(Print Name and Office Title)