

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

Date: \_\_\_\_\_

Trade name: \_\_\_\_\_

File Number: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

I have changed my name from \_\_\_\_\_  
(Type/Print Present Name of Registrant)

If registrant is a non-registered entity that has changed their name, provide the State, Province or Country of formation in which the applicant is registered:

\_\_\_\_\_ along with the type of entity formed as:  
(Type/Print State, Province or Country of formation)

\_\_\_\_\_.  
(Type/Print type of entity formed)

to \_\_\_\_\_.  
(Type/Print New Name of Registrant)

Under penalty of perjury, I certify that I am the registrant of the above trade name, and the statements herein are true and correct in all material respects.

Sincerely,

\_\_\_\_\_  
(Signature of Registrant, Under New Name)

\_\_\_\_\_  
(Type/Print Name of Registrant and Office Title)