

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)