



State of Hawaii
Department of Commerce and Consumer Affairs
Business Registration Division
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BusinessRegistrations.com

Nonrefundable Filing Fee: \$25.00*
See instructions.

STATEMENT OF CHANGE OF REGISTERED AGENT BY ENTITY

(Section 425R-7, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. Attachments to this form may be used, if necessary.

The undersigned, certifies as follows:

Represented Entity (that wishes to change its registered agent)

1. The represented entity type is a/an (select one):

Profit Corporation Nonprofit Corporation General Partnership Limited Partnership
 Limited Liability Partnership* Limited Liability Limited Partnership Limited Liability Company

*(If LLP is selected, General Partnership must also be selected, and the \$25.00 fee must be paid.)

2. The name of the represented entity is:

and its jurisdiction of incorporation/formation/organization is:

(State, Province, or Country)

Current Agent Information

3. The name of the represented entity's current registered agent is (select one):

An Entity

Entity Name

State, Province, or Country of Formation/Incorporation/Organization

An Individual

First Name

Last Name

The street address of the place of business of the registered agent in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

Country

USA

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Hawaii

New Agent Appointment

4. The name of the represented entity's new registered agent after the change is (select one):

An Entity

Entity Name

An Individual

First Name

State, Province, or Country of Formation/Incorporation/Organization

Last Name

The street address of the place of business of the registered agent in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

Country

USA

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Hawaii

5. 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, the undersigned, certify under the penalties of Sections 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, that I/we am/are authorized to make this change, and that the above statements are true and correct to the best of my/our knowledge and belief.

Signed this day of ,

Type/Print Entity Name

OR

Type/Print Individual's First Name Last Name

Type/Print name and office title, capacity in which person signs.

Signature

Type/Print Entity Partner Name

OR

Type/Print Individual's First Name Last Name

Type/Print name and office title, capacity in which person signs.

Signature

The statement must be signed and certified by the represented entity. See instructions on next page.

INSTRUCTIONS FOR PREPARING AND FILING A STATEMENT OF CHANGE OF REGISTERED AGENT BY ENTITY

Section [425R-7](#), Hawaii Revised Statutes (HRS)

Statement must be typewritten or printed in **black ink** and must be **legible**. Attachments may be used, if necessary, and must be typed or printed in **black ink** on 8.5" x 11" white bond paper, single-sided. The statement must be signed and certified by the represented entity as follows: if the applicant is a **partnership**, at least one general partner must sign on behalf of the partnership; for a **corporation**, by at least one corporate officer on behalf of the corporation; and for a **limited liability company**, by at least one manager of a manager-managed company or by at least one member of a member-managed company, or in the case of a foreign limited liability company, by a person who is authorized or required to sign a record under the laws of its jurisdiction of organization. All signatures must be in **black ink**. Submit statement together with the appropriate fee(s).

Item 1. Check the appropriate box to indicate the entity type of the business. *If the entity is a LLP, the box for General Partnership must also be checked and the General Partnership filing fee must be paid.

Item 2. State the complete name of the represented entity and its jurisdiction (state, province, or country) of incorporation/formation/organization.

Item 3. Indicate whether the represented entity's **current** registered agent is an entity OR an individual. If the registered agent is an entity, state the entity name and state, province, or country of formation, incorporation, or organization of the registered agent. If the registered agent is an individual, state the individual's first name and last name.

State the complete street address of the place of business of the registered agent in the State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to.

Item 4. Indicate whether the represented entity's **new** registered agent is an entity OR an individual. If the registered agent is an entity, state the entity name and state, province, or country of formation, incorporation, or organization of the registered agent. If the registered agent is an individual, state the individual's first name and last name.

State the complete street address of the place of business of the registered agent in the State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to.

Item 5. (Prefilled, required statement.) 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.

Filing Fees: The fee for filing the Statement of Change of Registered Agent is not refundable, as follows:

- For 200 or less affected entities: **\$25.00***.
- For 201 or more affected entities: **\$1.00 each**.

* For an **LLP**, the filing fee is \$25.00 plus the General Partnership filing fee of \$25.00, for a total of **\$50.00**.

Payments made by cash, check, or credit card (VISA, MasterCard, Discover, Diners Club, or JCB) are accepted. Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored check fee is \$25.00.

For any questions, call (808) 586-2727 or email breg@dcca.hawaii.gov.

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE BUSINESS REGISTRATION DIVISION SECRETARY AT (808) 586-2744 TO SUBMIT YOUR REQUEST.

ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION [92F-11](#), HRS)