www.BusinessRegistrations.com

Nonrefundable Filing Fee: \$10.00

STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS Business Registration Division



FORM DNP-2 7/2008

335 Merchant Street

Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810 Phone No. (808) 586-2727

ARTICLES OF AMENDMENT TO CHANGE CORPORATE NAME

(Section 414D-183, Hawaii Revised Statutes)

PI	FASE	TYPF	OR	PRINT I	FGIRI V	IN RI	ACK INK

The	undersigned, duly au	thorized officers of the corporat	ion submitting these Art	icles of Amendment, cert	ify as follows:
1.	The present name of	the corporation is:			
2.	The name of the corp	poration is changed to:			
3.	The amendment to c	hange the corporation name wa	as adopted on:		Control of the second of the s
	(Check one)		•	(Month Day	Year)
	at a meeting of t	he <i>members</i> :			
	Designation (class) Of membership	Total Number of Memberships (votes) outstanding	Total Number of Votes Entitled to be Cast By each Class	Number of Votes Cast by each class For Amendment	Number of Votes Cast by each class Against Amendment
			OR		
	by written conse	nt of the <i>members</i> holding at le	east eighty per cent of th	ne voting power.	
			OR		
	☐ by a sufficient vo	nte of the <i>Board of Directors</i> o	r <i>incorporators</i> becaus	se member approval was	not required.
4.	Check one: The written apple	roval of a specified person or pe	ersons named in the arti	icles of incorporation was	s obtained.
	The written app	roval of a specified person or p	ersons is not required.		
		s under the penalties of Section re authorized to make this char			
Sig	ned this	day of			
	(T	ype/Print Name & Title)		(Type/Print Name & Titl	e)

SEE INSTRUCTIONS ON REVERSE SIDE. The articles must be signed by at least one officer of the corporation.

(Signature of Officer)

(Signature of Officer)

Instructions: Articles must be typewritten or printed in **black ink**, and must be **legible**. The articles must be signed by at least one individual who is an officer of the corporation. All signatures must be in **black ink**. Submit original articles together with the appropriate fee.

- Line 1. State the full name of the corporation prior to the change.
- Line 2. State the new name of the corporation.
- Line 3. State the date the name change amendment was adopted.

 Check whether the name change amendment was adopted by the *members* (at a meeting or by written consent) or by sufficient vote of the *Board of Directors* or *incorporators*.

If the amendment was adopted at a meeting of the *members*, complete the vote information section.

If the amendment was adopted by the **Board of Directors** at a meeting, approval must be by the affirmative vote of a majority of directors at the meeting.

If the amendment was adopted by the Board of Directors by written consent, consent must be unanimous.

Line 4. Check whether written approval of the amendment by a third person or persons named in the articles of incorporation was obtained or whether approval of a third person is not required.

Filing Fees: Filing fee (\$10.00) is not refundable. Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.

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)

Nonrefundable Fiting Fee: Profit Corporation: \$25.00 Nonprefit Corporation: \$10.00 General Partnership: \$10.00 LLP: \$25.00 Limited Pentnership: \$10.00 LLLP: \$10.00 LLC: \$25.00

STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS Business Registration Division 335 Merchant Street

Malling Address: P.O. Box 40, Honolulu, Hawali 96810 Phone No. (808) 586-2727



CORRECTION

(Section 414-15, 414D-7, 425-1.7, 425-167, 425-207, 426-207, Howal Revised Biologo)

PI F	FASE TYPE OR PRINT LEGIBLY IN BLACK INK		
1.	The entity is (check one):		
**	Profit Corporation Nonprofit Corporation General Partnership Limited Liability Partnership (F/826814)		
	Limited Partnership (F/810/834) Limited Liability Limited Partnership (F/810/834) Limited Liability Company (F/810/834)		
2.	Name of buelness entity: Kithei Commercial Condominium II (Corporation, Partnershy, LLC Name)		
3.	Describe the document to be corrected, including the date the document was filed with the Department of Commerce and Consumer Affairs, or attach a copy of the document to be corrected.		
	The document to be corrected is the "Articles of Incorporation of Kihel Commercial Condominium II" filed with the DCCA on October 17, 2008.		
4.	. Specify the Incorrect statement and give the reason it is incorrect or describe the manner in which the document was defectively executed, attested, sealed, verified, or acknowledged.		
	The incorrect statement is the name of the business. The business is an AOUO (Association of Unit Owners) and should be labeled as such.		
5.	The incorrect statement or defective execution is corrected as follows or as attached hereto:		
	The correct name is "AOUO of Kihel Commercial Condominium II"		
Sta	e certify under the penalties of Section 414-20, 414D-12, 425-13, 425-172, 425E-208 and 428-1302, Hawaii Revised stutes, as applicable, that I/we have reed the above statements, I/we are authorized to make this change, and that the ternents are true and correct.		
Sig	ned this <u>30th</u> day of <u>May</u> , <u>2012</u>		
Valentine Peroff, Jr./Manager			
	(TypesPrint Name & Title) (TypesPrint Name & Title) (TypesPrint Name & Title)		

(Signature)

(Signature)



LETTER OF TRANSMITTAL

DATE	October 16, 2008				
			9		
TO:	Department of Commerce and Consumer Affairs Business Registration Division PO Box 40 Honolulu, HI 96810				
FROM:	COMMERCIAL PRO 1962B Wells Street Wailuku, Maui, Hawa		TIES OF MAUI MANAGEMENT		
RE:	Kihei Commercial Co	ndon	ninium II		
We are sending you (X) attached () under separate cover the following:					
Articles of IncorporationCheck No. 8305					
☐ For your information		9	For appropriate action		
For your files			For signature in BLACK INK and return		
☐ For your review			Forward		
- ror Jour reduces			Per our conversation		
☐ See remar	□ See remarks below				

REMARKS:

Monique Becher

Enclosed please find the Articles of Incorporation for the above referenced property along with a payment for the filing fee of \$25.00.

If you have any questions regarding this matter please feel free to contact our office at (808) 243-8600 ext 209.

1962B WELLS STREET

WAILUKU, HI 96793

(808) 243-8600

FAX (808) 249-0894

COMMERCIAL PROPERTIES OF MAUI MANAGEMENT, INC 1962 B WELLS STREET WAILUKU, HI 96793 808 243-8600	No. 8305 Date. 10-15-08 \$ 25 -	59-101 1213
Pay To The Order Of July First Hawaiian Bank	2. 0 12	Dollars
KAHULUI, HAWAII CCC	21.00?851411°	

Nonrefundable Filing Fee: \$25.00

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

ARTICLES OF INCORPORATION (Section 414D-32, Hawaii Revised Statutes)

PLEASE	TYPE OR PRINT LEGIBLY IN BLACK INK	
The unde	ersigned, desiring to form a nonprofit corporation under the laws of the State of Hawaii, certify a	as follows:
	1	
The nam	e of the corporation shall be:	
Kihei (Commercial Condominium II	
	II	
The mail	ing address of the corporation's initial principal office is:	
1962	B Wells Street, Wailuku, HI 96793	
	III	
agent ma	poration shall have and continuously maintain in the State of Hawaii a registered office and a re ay be an individual resident of Hawaii, a domestic entity or a foreign entity authorized to transa hose business office is identical with the registered office.	
a.	The name (and state or country of incorporation, formation or organization, if applicable) of the registered agent in the State of Hawaii is:	e corporation's
	Commercial Properties of Maui Management, Inc.	Hawaii
	(Name of Registered Agent)	(State or Country)
b.	The street address of the corporation's initial registered office in the State of Hawaii is:	
	1962 B Wells Street, Wailuku, HI 96793	

	IV
The name and address of each incorporator is:	
Name	Address
Jack Watkins	99-880 lwaena Street, Aiea, HI 96701
Dennis Lee	
Valentine Peroff, Jr.	
Gerry Horii	
	V
Please check one:	
The corporation has members.	
The corporation has no members.	
	VI e or issue shares of stock. No dividends shall be paid and no part of bits members, directors, or officers, except for services actually its property in case of corporate dissolution.
	4D-12, Hawaii Revised Statutes, that the undersigned has read the cles of Incorporation, and that the above statements are true and
Signed this 8th day of October	7.009
Jack Watkins	
Teelul Watters	(Type/Print Name of Incorporator)
(Signature of Incorporator)	(Signature of Incorporator)

Nonrefundable filing Fee: Profit Corporation: \$25.00 Nonprofit Corporation: \$10.00 General Partnership: \$10.00 LLP; \$25,00 Limited Partnership: \$10.00 LLP: \$10.00 LLC: \$25.00

STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS Business Registration Division

FORM X-3 7/2008

335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727

CORRECTION

(Section 414-15, 414D-7, 425-1.7, 425-167, 425E-207, 428-207, Hawaii Revised Statutes)

PLE	PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK				
1.	The entity is (check one):				
	Profit Corporation Nonprofit Corporation General Partnership Limited Liability Partnership (F/\$25/B14) (F/\$10/B14)				
	Limited Partnership (F/\$10/834) Limited Liability Limited Partnership (F/\$10/834) Limited Liability Company (F/\$25/L14)				
2.	Name of business entity: Kihei Commercial Condominium II (Corporation, Pertnerehlp, LLC Name)				
	. (
3.	Describe the document to be corrected, including the date the document was filed with the Department of Commerce and Consumer Affairs, or attach a copy of the document to be corrected.				
	The document to be corrected is the "Articles of Incorporation of Kihei Commercial Condominium II" filed with the DCCA on October 17, 2008.				
4.	Specify the Incorrect statement and give the reason it is incorrect or describe the manner in which the document was defectively executed, attested, sealed, verified, or acknowledged.				
	The incorrect statement is the name of the business. The business is an AOUO (Association of Unit Owners) and should be labeled as such.				
	Ę.				
5.	The incorrect statement or defective execution is corrected as follows or as attached hereto:				
	The correct name is "AOUO of Kihei Commercial Condominium II"				
I/w	e 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 statements are true and correct.					
Sig	ned this 30th day of May				
Valentine Peroff, Jr./Manager					
	(Type/Print Name & Tille) (Type/Print Name & Tille)				
	Calentine July 1:				

(Signature)

(Signature)

KIHEI CC, LLC.

99-1324 Koaha Place Aiea, Hawaii 96701 Phone (808) 487-1445 Facsimile (808) 487-5307

May 30, 2012

Transmittal Memorandum

To: Ms. Monique Bechert Commercial Properties of Maui Management Incorporated 1962B Wells Street Wailuku, Maui, HI 96793 From: Karen Y. Bushaw for Jack Watkins Re: Kihei Commercial Condominium II				
Transmitted Herewith:				
One (1) original:	State of Hawaii, Department of Commerce and Consumer Affairs Business Registration Division – Form X-3; Correction			
□ For your information□ For your files□ For necessary action	☐ Per our conversation ☐ For signature & return ☐ Per your request ☐ For signature, forwarding ☐ For distribution as noted below & return			

<u>REMARKS</u>: The enclosed document was faxed to your attention on 5/30/12. Should you have any questions or concerns, please contact our office. Thank you.

Nonrefundable Filing Fee: Profit Corporation: \$25.00 Nonprofit Corporation: \$10.00 General Partnership: \$10.00 LLP: \$25.00 Limited Partnership: \$10.00 LLP: \$10.00 LLC: \$25.00

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(Signature)

CORRECTION

(Section 414-15, 414D-7, 425-1.7, 425-167, 425E-207, 428-207, Hawaii Revised Statutes)

PLE	EASE TYPE OR PRINT LEGIBLY IN BLACK INK
1.	The entity is (check one):
	Profit Corporation (F/\$25/B14) Nonprofit Corporation (F/\$10/B14) General Partnership (F/\$10/B33) Limited Liability Partnership (F/\$25/L34)
	Limited Partnership (F/\$10/B34) Limited Liability Limited Partnership (F/\$10/B34) Limited Liability Company (F/\$25/L14)
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3.	Describe the document to be corrected, including the date the document was filed with the Department of Commerce and
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Sig	ned this 30th day of May , 2012
	/alentine_Peroff, Jr./Manager
	(Type/Print Name & Title) (Type/Print Name & Title)