State of Hawaii

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Business Registration Division DEPT. OF COMMERCE AND CONSUMER AFFAIRS

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



(Section 414D-32, Hawaii Revised Statutes)



PLEASE	TYPE	OR	PRINTI	EGIAL	YINRI	ACK INK
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PLEASE TYPE	OR PRINT LEGIBLY IN BLACK INK	
The undersign	ned, desiring to form a nonprofit corporation under the laws of the State	of Hawali, certify as follows:
	1	
The name of th	ne corporation shall be:	
enterestation contains in the control of white the control of the	BizGym Foundation	
	II	
The mailing ad	dress of the corporation's initial principal office is:	
	P.O. Box 3804, Honolulu, HI 96	812
	III	
The corporation in this State. T business in this	n shall have and continuously maintain in the State of Hawaii a register he agent may be an individual who resides in this State, a domestic en s State.	red agent who shall have a business address hity or a foreign entity authorized to transact
a .	The name (and state or country of incorporation, formation or orgonoration's registered agent in the State of Hawaii is:	ganization, if applicable) of the
	Dennis Bunda	Hawaii
	(Name of Registered Agent)	(State or Country)

The street address of the place of business of the person in State of Hawali 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:

c/o SCORE Hawaii,500 Ala Moana Blvd. One Waterfront Plaza, Suite 306A, Honolulu,96817

Nonrefundable Filing Fees: \$10.00

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Business Registration Division

DEPT. OF COMMERCE AND

CONSUMER AFFAIRS State of Hawaii 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 AMENDMENT TO CHANGE CORPORATE NAME

(Section 414D-183, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting these Articles of Amendment, certify as follows:

1. The present name of the corporati	on is:				00500000	
BIZGYM FOUNDATION					235909D2	
The name of the corporation is characteristics	anged to:					
3. The amendment to change the con	rnoration r	name was adonte	d on:	MAR 17, 20	21	
5. The amendment to change the col	i poration i	iame was adopte	u on.	(Month, day, y		
(Check one)				(monan, day, y	ou.,	
at a meeting of the members :						
Designation (class) Of member	ship	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 consent of the members	s holding a	at least eighty pei OR	cent of the votin	g power.		
x by a sufficient vote of the Board o 4. Check one:	f Director	rs or incorporato	rs because mem	iber approval w	as not required.	
☐ The written approval of a specified	l person o	r persons named	in the articles of	incorporation w	/as obtained.	
The written approval of a specified	l person o	r persons is not re	equired.			
The undersigned certifies under the p						
undersigned ha read the above stater	ments, I/w	e are authorized t	to make this char	nge, and that th	e statements	
are true and correct.	NAADA	CLL 2024				
Signed this ———— day of		CH 2021				
Signed this ———— day c	. ار				_	
TIMOTHY CAMINOS, TREA	SURER					
(Type/Print Name & Title)			(Type/Print Name & Title)			
TIMOTHY CAMINOS	5					
(Signature of Officer)			(Signature of Officer)			

(Signature of Officer)

www.BUSINESSREGISTRATIONS.COM

Nonrefundable Filing Fees: \$10.00

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Business Registration Division DEPT. OF COMMERCE AND

CONSUMER AFFAIRS State of Hawaii

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 AMENDMENT TO CHANGE CORPORATE NAME

(Section 414D-183, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

(Signature of Officer)

35909 D2	follows: 1. The present	gned, duly authorized officelent name of the corporation CS		corporation subr	mitting these Artio	cles of Amendr	nent, certify as
	2. The name of the corporation is changed to:						
	ID8 3. The amendment to change the corporation name was adopted on: (Check one) NOV 22, 2022 (Month, day, year)						
	X at a mee	eting of the members :					
	Designation (class) Of membership			Total Number of Memberships (votes) outstanding	Total Number of Votes Entitled to be Cast by each Class	Votes	Number of Votes Cast by each Class Against Amendment
01/25/202347534	E	BOARD OF DIRECTORS		6	6	6	0
	by a suffice 4. Check on The writte The undersignment	en approval of a specified po en approval of a specified po gned certifies under the pen ha read the above stateme	Director erson or erson or alties of ents, I/we	OR s or incorporato persons named persons is not re Section 414D-12	rs because mem in the articles of i equired. 2. Hawaii Revised to make this char	ber approval wincorporation with Statuses, tha	vas obtained.
		STEVE SUE					