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Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3

Courier: 200 - 940 Blanshard Street Victoria BC V8W 3E6

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Business Corporations Act for the purposes of assessment.

INSTRUCTIONS:

Please type or print clearly in block letters and ensure that the form is signed and dated in ink.

- Item B Enter the name exactly as shown on the extraprovincial company's Certificate of Registration...
Item C This form notifies the registrar of a change of address of an attorney for an extraprovincial company.
Item D The delivery address of an attorney who is an individual is the address of the office in BC where the individual can usually be

reached between 9 a.m. and 4 p.m. on business days for the delivery of records. Or, if the attorney is a BC company, the delivery address is for the registered office of the company which must be for a location in BC that is accessible to the public between 9 a.m. and 4 p.m. on business days for the delivery of records.

Item E This is the signature of the authorized signing authority for the extraprovincial company. If the authorized signing authority is an attorney for the extraprovincial company and that attorney is a BC company, this form must be signed by an authorized signing authority for that company.

Effective Date: The notice of change of address of the attorney will take effect at the beginning of the day (12:01 a.m. Pacific Time) following the date on which the notice is filed with the registrar.

Filing Fee: \$20.00 Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account.

PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE

A REGISTRATION NUMBER OF EXTRAPROVINCIAL COMPANY

B NAME OF EXTRAPROVINCIAL COMPANY

C FULL NAME OF ATTORNEY

LAST NAME FIRST NAME MIDDLE NAME

COMPANY NAME

D CHANGE OF ADDRESS OF ATTORNEY

DELIVERY ADDRESS OF ATTORNEY PROVINCE POSTAL CODE BC

MAILING ADDRESS OF ATTORNEY PROVINCE POSTAL CODE BC

E CERTIFIED CORRECT - I have read this form and found it to be correct.

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAPROVINCIAL COMPANY

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAPROVINCIAL COMPANY

DATE SIGNED

YYYY / MM / DD

X