



Telephone: 1 877 526-1526 www.bcregistryservices.gov.bc.ca

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

Location: 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 Partnership 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 A This is the registration number assigned by the registrar of companies at the time the extraprovincial limited liability partnership was registered.
Item B Enter the registered business name of the extraprovincial limited liability partnership.

This form notifies the registrar of companies of any new attorney(s) or of any attorney(s) who cease to be an attorney. An extraprovincial limited liability partnership must have at least one attorney unless it has a registered office in BC. Each attorney must be either, 1) an individual who is resident in BC or, 2) a company incorporated in BC.

- Item C Enter the full name and mailing and delivery address of the attorney ceasing.
Item D Enter the full name and mailing and delivery address of the new attorney.
Item E This is the name and signature of the authorized signing authority for the extraprovincial limited liability partnership.

Filing Fee: \$30.00

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 pay in Canadian dollars or the equivalent in US funds.

A REGISTRATION NUMBER OF EXTRAPROVINCIAL LIMITED LIABILITY PARTNERSHIP XL

B BUSINESS NAME OF EXTRAPROVINCIAL LIMITED LIABILITY PARTNERSHIP

C FULL NAME AND ADDRESS OF ATTORNEY CEASING

LAST NAME FIRST NAME MIDDLE NAME

COMPANY NAME

MAILING ADDRESS OF ATTORNEY

PROVINCE POSTAL CODE

BC

DELIVERY ADDRESS OF ATTORNEY

PROVINCE POSTAL CODE

BC

D FULL NAME AND ADDRESS OF NEW ATTORNEY

LAST NAME FIRST NAME MIDDLE NAME

COMPANY NAME

MAILING ADDRESS OF ATTORNEY

PROVINCE POSTAL CODE

BC

DELIVERY 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

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY

DATE SIGNED

YYYY / MM / DD

X