CHANGE SOLE PROPRIETORSHIP STATEMENT OF REGISTRATION

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street Www.bcreg.ca Victoria BC V8W 9V3 Victoria BC V8W 3E6

PLEASE NOTE:

DO NOT MAIL

- The registration of a business name under the Partnership Act:
 - does not provide any protection for that name, and
 - does not mean that the name will be available if you decide to incorporate a company using this name.
- Please complete ONLY the sections applicable to the change you need to make.
- Read the instructions under each section carefully and remember to sign the form.

GENERAL INSTRUCTIONS

- A. Name and Contact Information of Completing Party:
 This may be used for correspondence regarding this registration.
 We will send a registration statement document to this email address.
- **B. Submitting Party Information**: Provide a phone number or fax number (or both) at which the submitting party may be contacted.
- C. Registered Business Name and the Firm Registry Registration Number: Enter the current business name. You can confirm the name and number at the Corporate Registry by contacting the Name Reservation/Partnership Unit at 1 877 526-1526.
- D. Name Request Number: Required if you are changing the business name.
- E. Change in Nature of Business: Provide the North American Industry Classification System code (NAICS). You can find this information on the Statistics Canada website. You must provide a 6 digit number. Please contact Statistics Canada for assistance selecting your NAICS code.

Email: infostats@statcan.gc.ca
Telephone:(toll free) 1-800-263-1136
(international) 1-514-283-8300

F. Change of Business Name: Enter the new business name. Please have your name reservation approved before submitting this declaration.

To submit your Name Approval Request electronically go to www.bcregistry.ca/namerequest

- G. Change of Address(es): Complete the applicable box(es).
 - a) Business address must be a complete physical address. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Registry cannot accept this information as a complete address. You must also include a postal code. If an area does not have street names or numbers, provide a description that would readily allow a person to locate you (e.g., the 2nd house on the left side, 4 miles west on Central County Road, Creston, BC).
 - b) Complete only if the mailing address has changed. If the address has changed and is the same address as the business address change in section G a), check the box. If different, enter new address. If the mailing address is changed, a post office box or rural route number is acceptable.
 - Proprietors can indicate a change of address here. If the proprietor is an individual, the individual must use a residential address.
- **H. Signature:** Required for sections E, F or G.

The proprietor signs. If a corporation, the signature of a current officer or director with signing authority for the corporation is required. State corporate or individual name in full.

If you need assistance to complete this form, please phone 1 877 526-1526.

DO NOT MAIL

Complete this filing online at www.bcregistry.ca/business

FEE SCHEDULE

Change to Nature of Business:

Change of Address(es):

Change of Business Name:

No charge

Certified copy of changed Registration:

No charge

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. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.



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Note: The registration of a business name under the *Partnership Act* does not provide any protection for that name.

A. Name and contact information	of completing party	OFFICE USE ONLY — DO NOT WRITE IN THIS AREA	
FIRST NAME	MIDDLE NAME	LAST NAME	
			_
STREET	CITY	PROVINCE POSTAL CODE	
EMAIL		•	
Please TYPE or PRINT CLEARLY.			_
Laster affects			
Instructions: - Sections A, B, C and H must be completed.			
 Sections D to G: Complete only the sections where a change is required. 			NATIONAL BUSINESS NUMBER
• Please TYPE or PRINT CLEARLY.			
B. Submitting Party Information	 Phone and/or fax number 	er(s). *compulsory	
Phone Number:		*Email:	
C Paristand Paris and Name of			Firm Registry Registration Number
C. Registered Business Name – E.	nter current name, not new	name of business	Tim Registry Registration Rumber
D. Name Approval Number - Req	nuired if chanaina the name	E. Change in Nature of	Business North American Industry Classification System codes (NAICS)
N R	an can changing the name		223235 North American maastry classification system codes (Wiles)
IN IN			
F. Change of Business Name – En	ter new business name (a n	ame reservation is reauired prior	to submitting the change)
	ter metri e dismiessi manne (di m	anne reser ration is required prior	to sacrimaning and enamys,
G. Change of Address(es) Only			
a) BUSINESS ADDRESS IN BRITISH COLUMBIA – I	Must be the physical location	of the business , not just a general deliv	very, post office box, rural route, site, or comp. number
b) MAILING ADDRESS			
b) MAILING ADDRESS NEW MA	AILING ADDRESS		
same as a) above or			
c) PROPRIETOR ADDRESS – Must be a reside n	ntial address if the proprietor	r is an individual	
C) THOTHETOK ADDRESS MUSICOCUTESIOCI	itiai adaress ii tile proprietoi	is an marriada	
H Name and Signature of Brane	iotor		
H. Name and Signature of Proprietor PROPRIETOR – State corporate or individual name in full (last name, first name & middle initial)			SIGNATURE
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			X