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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.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

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 limited liability partnership was registered.
Item B Enter the registered business name of the limited liability partnership.
Item C Enter the current business name of the limited liability partnership (this would be the same business name as in Item B) and then enter the new business name for the limited liability partnership (as approved by the registrar of companies) and the name approval number.

- Item D Enter the new mailing and/or delivery address. The delivery address must be for a location that is accessible to the public during normal business hours for the delivery of records.
Item E This is the name and signature of the authorized signing authority for the limited liability partnership. If the authorized signing authority is a corporation or firm, this form must be signed by an authorized signing authority for that corporation or firm.

Filing Fee: \$30.00

Submit this form in duplicate 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 in the equivalent amount of US funds.

A REGISTRATION NUMBER OF LIMITED LIABILITY PARTNERSHIP

LL _____

B BUSINESS NAME OF LIMITED LIABILITY PARTNERSHIP

C CHANGE OF BUSINESS NAME OF LIMITED LIABILITY PARTNERSHIP

The limited liability partnership is changing its name:

FROM _____

TO _____

The name approval number is NR _____.

D CHANGE OF REGISTERED OFFICE ADDRESS

MAILING ADDRESS OF THE REGISTERED OFFICE

PROVINCE POSTAL CODE

BC

DELIVERY ADDRESS OF THE REGISTERED OFFICE

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