

Extraprovincial CHANGE OF REGISTRATION STATEMENT

Limited Liability Partnership, Partnership Act

New West Partnership Trade Agreement

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street

Email: bcregistries@gov.bc.ca Victoria BC V8W 9V3 Victoria BC V8W 3E6

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

Please refer to the instructions when completing this Change of Registration Statement.

| Section A: Submitting Party Information (Required) | |
|---|--|
| | |
| Name of Submitting Party: Last Name, First Name or Company Name: | Email Address |
| Mailing Address: Box/Street Number, City/Town, Province/State, Country and Postal/Zip Code | Telephone Number including Area Code |
| Section B: Limited Liability Partnership Information (Required) | |
| Current Name of Limited Partnership in British Columbia | Home Jurisdiction: Manitoba |
| Registration Number in British Columbia | Registration Number in Home Jurisdiction |
| Complete the appropriate fields in the sections that apply to change or upon | date the Limited Liability Partnership information |
| | · |
| Section C: Change to Registration Statement Information (Select the app | propriate box[es]) |
| ☐ Change Limited Liability Partnership Name | |
| New Name of Limited Partnership | British Columbia Name Request Number |
| ☐ Change Limited Liability Partnership Mailing Address | ☐ Correct Business Number |
| Mailing Address: Box/Street Number, City/Town, Province/State, Country and Postal/Zip Cod. | National Business Number |
| | ☐ Update Expiry Date |
| Delivery Address: Box/Street Number, City/Town, Province/State, Country and Postal/Zip Cod | Expiry Date in Home Jurisdiction |
| | expiry Date in nome jurisdiction |
| Section D: Certified Correct – I have read this form and found it to be | correct |
| | |
| None of Authorized Cigning Authority (Diagram wint) | |
| Name of Authorized Signing Authority (Please print) | ignatura |
| | ignature |
| Relationship to the Extraprovincial Limited Liability Partnership (Please print) | vate Signed (YYYY/MM/DD) |

Note: Confirmation of updated registration will be mailed to the Submitting Party and the Attorney for Service by BC Registry Services.



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INSTRUCTION SHEET

| Section A: Submitting Party Information | | |
|--|---|--|
| Name of submitting party | Enter the name of the person submitting the extraprovincial change of registration statement. | |
| Mailing address | Enter a mailing address, format should be - Box/Street Number, City/Town, Province/State, Country and Postal/Zip Code. | |
| Email address | Enter an email address - optional | |
| Telephone number including area code | Enter a telephone number including the area code - optional | |
| Section B: Limited Liability Par | Section B: Limited Liability Partnership Information | |
| Current name of Limited Liability Partnership in British Columbia | The name of the Limited Liability Partnership must be identical to the name of the Limited Liability Partnership as registered in the home jurisdiction (i.e., home province). | |
| | The name of the Limited Liability Partnership provided must match the name approved on the British Columbia Name Reservation. | |
| | Ensure the Limited Liability Partnership is active in the home jurisdiction (i.e., home province). | |
| Registration number in British Columbia | Enter the Registration Number in British Columbia, the format must be: XL followed by 7 numeric digits. | |
| Registration number in home jurisdiction | Enter the Registration Number assigned in the home jurisdiction (i.e., home province). | |
| Section C: Change to Registrat | ion Statement Information | |
| New name of Limited Liability Partnership | Enter the new name of the Limited Liability Partnership, the new name of the Limited Liability Partnership must match the name approved on the British Columbia Name Reservation. | |
| | The new name of the Limited Liability Partnership must be identical to the name of the Limited Liability partnership as registered in the home province. | |
| British Columbia name request number | Enter the British Columbia Name Request Number only when you are changing the name of the Limited Liability Partnership. The format must be: 'NR' followed by 7 numeric digits. The Name Reservation Number must be active. | |
| New mailing address of the registered office | When 'Change Limited Liability Partnership Registered Office Address' is checked off, enter the Limited Liability Partnership Mailing Address if the mailing address has been changed; It must be in British Columbia and may be a post office box. The format must be: Box/Street Number and Street Name, City/Town, Province, and Postal Code | |
| New delivering address of the registered office | When 'Change Limited Liability Partnership Registered Office Address' is checked off, enter the Limited Liability Partnership Delivery Address if the delivery address has been changed; The address must be a physical address in B.C. and accessible to the public from 9:00 a.m. to 4:00 p.m. on business days. The format must be: Box/Street Number, City/Town, Province, and Postal Code. | |
| National business number | Please check off the 'Correct Business Number' box If the National Business Number (BN) provided in the original Registration Statement is not correct or the BN was not provided. Enter the correct National Business Number the format is 9 numeric digits. | |
| Update expiry date | If the registration of the Limited Liability Partnership has been renewed in the home jurisdiction, please provide the new expiry date | |



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| Ensure the change of extraprovincial registration statement for a Limited Liability Partnership in British Columbia under NWPTA is signed by the authorized representative. |
|---|
| Enter the relationship to the partnership. |
| Enter the date the change of extraprovincial registration statement of a Limited Liability Partnership in British Columbia under NWPTA is signed. The date should be in the format: YYYY/MM/DD. |
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