



BRITISH COLUMBIA

BC Registry Services

BC Company

ADDRESS CHANGE

Business Corporations Act, sections 35 and 36

Telephone: 1 877 526-1526
www.bcreg.ca

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

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

DO NOT MAIL THIS FORM to BC Registry Services unless you are instructed to do so by registry staff. The Regulation under the Business Corporations Act requires the electronic version of this form to be filed on the internet at www.corporateonline.gov.bc.ca.

Filing Fee for paper filing: \$20.00

If you are instructed by registry staff to mail this form to the Corporate Registry, 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 in the equivalent amount of US funds.

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 Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3

PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE

A INCORPORATION NUMBER OF COMPANY

B NAME OF COMPANY

C REGISTERED OFFICE ADDRESSES

Set out the delivery address and mailing address of the registered office proposed for the company.

DELIVERY ADDRESS - (PO Box is not accepted. Postal code is required.) CITY Prov. POSTAL CODE BC
MAILING ADDRESS CITY Prov. POSTAL CODE BC

D RECORDS OFFICE ADDRESSES

Set out the delivery address and mailing address of the records office proposed for the company.

DELIVERY ADDRESS - (PO Box is not accepted. Postal code is required.) CITY Prov. POSTAL CODE BC
MAILING ADDRESS CITY Prov. POSTAL CODE BC

E I CERTIFY THAT I AM THE DIRECTOR OF THE ABOVE NOTED COMPANY. I CONSENT TO BC REGISTRIES SENDING THE COMPANY'S PASSWORD TO THE EMAIL ADDRESS OR REGISTERED OFFICE MAILING ADDRESS PROVIDED.

NAME OF DIRECTOR FOR THE COMPANY SIGNATURE OF DIRECTOR FOR THE COMPANY DATE SIGNED (YYYY MM DD)
X

** PLEASE ENCLOSE A COPY OF THE DIRECTOR'S GOVERNMENT ISSUED PHOTO ID **

F DELIVERY METHOD - Choose one delivery method for the company's documents.

Company Email

By Mail to new Registered Office Mailing Address