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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 extrajurisdictional limited liability partnership was registered.
Item B Enter the registered business name of the extrajurisdictional limited liability partnership.
Item C Enter the current business name of the extrajurisdictional limited liability partnership (this would be the same business name as in Item B) and then enter the new business name as approved by the registrar of companies and the name approval number.
Item D Enter the new mailing and/or delivery address.
Item E If the foreign partnership that is registered as an extrajurisdictional limited liability partnership has changed its name in its governing jurisdiction.
Item F This is the name and signature of the authorized signing authority for the extrajurisdictional limited liability partnership.
Filing Fee: \$30.00

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

A REGISTRATION NUMBER OF EXTRAJURISDICTIONAL LIMITED LIABILITY PARTNERSHIP

XL \_\_\_\_\_

B BUSINESS NAME OF EXTRAJURISDICTIONAL LIMITED LIABILITY PARTNERSHIP

C CHANGE OF BUSINESS NAME OF EXTRAJURISDICTIONAL LIMITED LIABILITY PARTNERSHIP

The extrajurisdictional limited liability partnership is changing its name:

FROM \_\_\_\_\_
TO \_\_\_\_\_

The name approval number is NR \_\_\_\_\_

D CHANGE OF REGISTERED OFFICE ADDRESS

Table with 2 columns: PROVINCE, POSTAL CODE. Rows for MAILING ADDRESS OF THE REGISTERED OFFICE and DELIVERY ADDRESS OF THE REGISTERED OFFICE. Both provinces are marked as BC.

E CHANGE OF BUSINESS NAME IN FOREIGN JURISDICTION

The foreign partnership's business name in its governing jurisdiction has been changed:

FROM \_\_\_\_\_
TO \_\_\_\_\_

F CERTIFIED CORRECT - I have read this form and found it to be correct.

NAME OF AUTHORIZED SIGNING AUTHORITY: X
SIGNATURE OF AUTHORIZED SIGNING AUTHORITY
DATE SIGNED: YYYY / MM / DD