



ATTORNEY CHANGE

PARTNERSHIP ACT

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OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

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.

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.

This form notifies the registrar of companies of any new attorney(s) or of any attorney(s) who cease to be an attorney. An extrajurisdictional limited liability partnership must have at least one attorney unless it has a registered office in BC.

If the attorney is an individual, the mailing and delivery address must be for an office in BC at which the individual can usually be reached during normal business hours. If the attorney is a company, the mailing and delivery address must be that company's registered office.

Item C Enter the full name and mailing and delivery address of the attorney ceasing.

Item D Enter the full name and mailing and delivery address of the new attorney.

Item E This is the name and signature of the authorized signing authority for the extrajurisdictional 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 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 the equivalent in US funds.

A REGISTRATION NUMBER OF EXTRAJURISDICTIONAL LIMITED LIABILITY PARTNERSHIP

XL _____

B BUSINESS NAME OF EXTRAJURISDICTIONAL LIMITED LIABILITY PARTNERSHIP

C FULL NAME AND ADDRESS OF ATTORNEY CEASING

LAST NAME FIRST NAME MIDDLE NAME

COMPANY NAME

MAILING ADDRESS OF ATTORNEY

PROVINCE POSTAL CODE

BC

DELIVERY ADDRESS OF ATTORNEY

PROVINCE POSTAL CODE

BC

D FULL NAME AND ADDRESS OF NEW ATTORNEY

LAST NAME FIRST NAME MIDDLE NAME

COMPANY NAME

MAILING ADDRESS OF ATTORNEY

PROVINCE POSTAL CODE

BC

DELIVERY ADDRESS OF ATTORNEY

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