



NOTICE OF CHANGE OF ADDRESS OF ATTORNEY

FORM 8 EXTRAPROVINCIAL LIMITED LIABILITY PARTNERSHIP *Partnership Act*

Telephone: 250 356-2893
www.bcregistryservices.gov.bc.ca

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

Location: 2nd Floor – 940 Blanshard Street
Victoria BC

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 extraprovincial limited liability partnership was registered.
 - Item B** Enter the registered business name of the extraprovincial limited liability partnership.
 - Item C** Enter the full name of the attorney. If the attorney is an individual, enter the last name, first name and middle name, if any. If the attorney is a BC company, enter the full legal name of the company.
 - Item D** Enter the new mailing and/or delivery address of the attorney. 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 BC company, the mailing and delivery address must be that company's registered office.
 - Item E** This is the name and signature of the authorized signing authority for the extraprovincial 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 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 *Partnership 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 250-356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

A REGISTRATION NUMBER OF EXTRAPROVINCIAL LIMITED LIABILITY PARTNERSHIP

XL _____

B BUSINESS NAME OF EXTRAPROVINCIAL LIMITED LIABILITY PARTNERSHIP

C FULL NAME OF ATTORNEY

LAST NAME

FIRST NAME

MIDDLE NAME

COMPANY NAME

D CHANGE OF ADDRESS OF ATTORNEY

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