



Ministry of Finance
 Corporate and Personal
 Property Registries
 www.fin.gov.bc.ca/registries

Mailing Address:
 PO Box 9431 Stn Prov Govt
 Victoria BC V8W 9V3
 Location:
 2nd Floor – 940 Blanshard Street
 Victoria BC

**NOTICE OF CHANGE
 OF ATTORNEY**
FORM 7
**EXTRAPROVINCIAL LIMITED
 LIABILITY PARTNERSHIP**
Partnership Act

Telephone: 250 356-2893

OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

Freedom of Information and Protection of Privacy Act (FIPPA):

The personal information requested on this form is made available to the public under the authority of the *Partnership Act*. Questions about how the *FIPPA* applies to this personal information can be directed to the Administrative Assistant of the Corporate and Personal Property Registries at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

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.

This form notifies the registrar of companies of any new attorney(s) or of any attorney(s) who cease to be an attorney. An extraprovincial limited liability partnership must have at least one attorney unless it has a registered office in BC. Each attorney must be either, 1) an individual who is resident in BC or, 2) a company incorporated 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 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 the equivalent in US funds.

A REGISTRATION NUMBER OF EXTRAPROVINCIAL LIMITED LIABILITY PARTNERSHIP
 XL _____

B BUSINESS NAME OF EXTRAPROVINCIAL 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