



**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 ADDRESS OF ATTORNEY

## FORM 8 EXTRAPROVINCIAL LIMITED LIABILITY PARTNERSHIP *Partnership Act*

Telephone: 250 356-2893

### 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 (FIPPA):** The personal information requested on this form is made available to 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.

**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
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COMPANY NAME

**D CHANGE OF ADDRESS OF ATTORNEY**

MAILING ADDRESS OF ATTORNEY	PROVINCE	POSTAL CODE
	<b>BC</b>	
DELIVERY ADDRESS OF ATTORNEY	PROVINCE	POSTAL CODE
	<b>BC</b>	

**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
	<b>X</b>	