



**Partnership Act
Notice of Change
Limited Liability Partnership
Form 2**

Please print clearly or type

Commercial Registrations Division

1	Name of Limited Liability Partnership (before any changes)	2	LLP Number
----------	---	----------	-------------------

--	--

3	Effective date of change
----------	---------------------------------

--

4	Please select and complete one (1) or more of the following:
----------	---

- ☐ The name of the Limited Liability Partnership has been changed to:
- ☐ The designated Newfoundland and Labrador resident partner has been changed to (name and residential address):
- ☐ The Registered Office in Newfoundland and Labrador has been changed to (include mailing address if different):

5	The signature of a partner is required
----------	---

Date	Signature of Partner	Position Held
Please Print Partners Name		Telephone Number

Registry of Limited Liability Partnerships
Commercial Registrations Division,
Digital Government and Service NL
P.O. Box 8700, 59 Elizabeth Avenue
St. John's NL A1B 4J6 Telephone (709)729-3316

INSTRUCTIONS

Item 1

State the full legal name of the Limited Liability Partnership.

Item 2

State the Newfoundland & Labrador registration number of the Limited Liability Partnership.

Item 3

State the effective date of the change to the Limited Liability Partnership.

Item 4

Please check the box or boxes indicating the applicable change(s) that has occurred in the Limited Liability Partnership.

Item 5

The partner must state their name and affix their signature.

PLEASE NOTE

The filing fee for this form is

-\$100.00 where the change(s) include a change to the LLP name

-\$50.00 where the change(s) does not involve a LLP name change

Please make cheque payable to Newfoundland Exchequer Account.