



*The Partnership Act*  
Limited Liability Partnership  
**Amendment (NWP Extra-provincial)**

**Section 1: Entity Details**

**Saskatchewan Entity Number:**

**Saskatchewan Entity Name:**

**Home Jurisdiction:**       British Columbia  
    Alberta  
    Manitoba

**Home Jurisdiction Entity Number:**

**Section 2: Change Entity Name Details**

Complete this section only if the limited liability partnership's name has changed.

**Name Reservation Number:**

**Reserved Entity Name:**

**Name Conditions (if applicable):**

If conditions were applied in the name reservation, then signed name conditions forms must be enclosed with this form.

**Registered Office Mailing Name (if different from new entity name):**

### Section 3: Change Registered Office Addresses

Complete this section only if the limited liability partnership's address has changed.

**Physical addresses cannot be post office boxes. Rural locations must use legal land description, including R.M. name and number or civic address.**

Registered Office Physical Address	Registered Office Mailing Address
<input type="checkbox"/> Check here if mail cannot be delivered to this address	<input type="checkbox"/> Same as primary business physical address
Street Address 1:	Street Address 1:
Street Address 2:	Street Address 2:
Street Address 3:	Street Address 3:
City/Town:	City/Town:
Province:	Province:
Country:	Country:
Postal Code:	Postal Code:
Attention to (optional):	Attention to (optional):
Email Address (optional):	Mailing Name (if different from entity name):

### Section 4: Change Eligible Profession

Complete this section only if the limited liability partnership's eligible profession has changed.

#### New Eligible Profession – select one (1):

- Professional Accountants
- Lawyers
- Engineers and Geoscientists
- Applied Science Technologists
- Psychologists
- Podiatrists
- Other \_\_\_\_\_

Note: By signing this amendment statement, the person filing the amendment statement on behalf of the professional partnership confirms that the members of that profession are expressly authorized by or under the Act by which that profession is governed in Saskatchewan to carry on the practice of the profession through a limited liability partnership. Any prerequisites to that authorization that have been established under the Act have been met by the partnership.

### Section 5: Change Power of Attorney Details

Complete this section only if the limited liability partnership's power of attorney has changed.

**The power of attorney must be a resident of Saskatchewan.**

**The effective date for a resignation may not be earlier than the date the notice of resignation was sent to the entity.**

**Physical addresses cannot be a post office boxes. Rural locations must use legal land descriptions, including R.M. names and numbers, or civic addresses.**

#### Power of Attorney 1

Add  Update  Remove  Resign      **Effective Date:**

**Name:**

**Firm Name (optional):**



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<b>Physical Address</b> <input type="checkbox"/> Check here if mail cannot be delivered to this address	<b>Mailing Address</b> <input type="checkbox"/> Same as physical address
<b>Street Address 1:</b>	<b>Street Address 1:</b>
<b>Street Address 2:</b>	<b>Street Address 2:</b>
<b>Street Address 3:</b>	<b>Street Address 3:</b>
<b>City / Town:</b>	<b>City / Town:</b>
<b>Province:</b>	<b>Province:</b>
<b>Country:</b>	<b>Country:</b>
<b>Postal Code:</b>	<b>Postal Code:</b>
<b>Email Address (optional):</b>	
<b>Power of Attorney 2</b>	
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove <input type="checkbox"/> Resign	<b>Effective Date:</b>
<b>Name:</b>	
<b>Firm Name (optional):</b>	
<b>Physical Address</b> <input type="checkbox"/> Check here if mail cannot be delivered to this address	<b>Mailing Address</b> <input type="checkbox"/> Same as physical address
<b>Street Address 1:</b>	<b>Street Address 1:</b>
<b>Street Address 2:</b>	<b>Street Address 2:</b>
<b>Street Address 3:</b>	<b>Street Address 3:</b>
<b>City / Town:</b>	<b>City / Town:</b>
<b>Province:</b>	<b>Province:</b>



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<b>Country:</b>	<b>Country:</b>
<b>Postal Code:</b>	<b>Postal Code:</b>
<b>Email Address (optional):</b>	
<b>Power of Attorney 3</b>	
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove <input type="checkbox"/> Resign	<b>Effective Date:</b>
<b>Name:</b>	
<b>Firm Name (optional):</b>	
<b>Physical Address</b> <input type="checkbox"/> Check here if mail cannot be delivered to this address	<b>Mailing Address</b> <input type="checkbox"/> Same as physical address
<b>Street Address 1:</b>	<b>Street Address 1:</b>
<b>Street Address 2:</b>	<b>Street Address 2:</b>
<b>Street Address 3:</b>	<b>Street Address 3:</b>
<b>City / Town:</b>	<b>City / Town:</b>
<b>Province:</b>	<b>Province:</b>
<b>Country:</b>	<b>Country:</b>
<b>Postal Code:</b>	<b>Postal Code:</b>
<b>Email Address (optional):</b>	

**Section 6: Signature**

I certify that I am authorized to file these documents with the registrar and that the information in this submission is true.

\_\_\_\_\_

Submitter Signature

\_\_\_\_\_

Date



**Section 7: Submitter Information**

**Name:**

**Mailing Address:**

**Email:**

**Phone Number:**

**Fax Number:**