

Re: Ontario Corporation Amendment

To Change the name of your Ontario Corporation, the Government fee and filing fee is \$235.00.

Attached please find:

- Our price list - please choose P07 on the prices list;
- Amendment information form;
- Consent for Documents Filing;

Please email back the above forms along with the followings:

- Copy of the Articles of Incorporation;
- To amend, add, change or remove provisions set out in the corporation's original Articles, please provide specific instructions by email or attach your descriptions in word documents.
- ✓ If you wish to change the address of the corporation or to add/remove the corporation directors' information, please download the information under [Electronic Filing for Notice of Change Form](#).
- ✓ If you wish to obtain Restated Articles of Incorporation which consolidates all amendments and the original Articles into one set of Articles with updated address and directors' information, please download the information under [Restated Articles of Incorporation Order Form](#).
- ✓ If you wish to make changes to the shares or shareholders information, please download the [Corporate Supplies Order Form](#) and order the minute book kit with updating.

Should you have any questions please do not hesitate to contact us.

Thank you very much.

Sincerely,
Sandra Chen / Susan Ding

Authorization for Documents Filing to Service Ontario

I, _____
(First name, Middle names and Surname)

address for service

(Street & No. or R.R. No., Municipality, Province, Country & Postal Code)

am

- a Director of the Corporation
 a Shareholder of the Corporation
 other individual having knowledge of the affairs of the Corporation

(Check appropriate box)

of the following corporation:

(Name of Corporation)

I hereby authorize BEST ONTARIO INC. to serve as my representative and to conduct business on my behalf with Service Ontario - Business Registry.

I authorize Service Ontario to release information from my file.

I certify that the information set out hereafter, is true and correct.

(Signature of the Authorizing Person)

By signing this form, you acknowledge that you have relevant knowledge and that you are authorized to submit this form.

Corporation Amendment Information

Contact Name: _____ Tel: () _____ Cell: () _____ Date: _____

1. Corporation's Present Name _____

2. Corporation Number _____ NAICS code _____

3. The Corporation's Name will be Changed to _____

4. Address of the Registered Business Office

Suite/Apt./Unit: _____ Street No. & Name: _____

City: _____ Province: ONTARIO Postal Code: _____ Business Phone: () _____

5. Directors' Name and Directors' Address for Service

FIRST	First Name: _____ Middle Initial: _____ Last Name: _____
	<input type="checkbox"/> Same as business address Suite: _____ Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: <input type="checkbox"/> ONTARIO
	Elected Date: _____ Resigned Date: _____ <input type="checkbox"/> President / <input type="checkbox"/> Secretary / <input type="checkbox"/> Treasurer / <input type="checkbox"/> GM

SECOND	First Name: _____ Middle Initial: _____ Last Name: _____
	<input type="checkbox"/> Same as business address Suite: _____ Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: <input type="checkbox"/> ONTARIO
	Elected Date: _____ Resigned Date: _____ <input type="checkbox"/> President / <input type="checkbox"/> Secretary / <input type="checkbox"/> Treasurer / <input type="checkbox"/> GM

THIRD	First Name: _____ Middle Initial: _____ Last Name: _____
	<input type="checkbox"/> Same as business address Suite: _____ Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: <input type="checkbox"/> ONTARIO
	Elected Date: _____ Resigned Date: _____ <input type="checkbox"/> President / <input type="checkbox"/> Secretary / <input type="checkbox"/> Treasurer / <input type="checkbox"/> GM

Note: If you have more directors, please write on another copy of this request form or provide the same info on a separate piece of paper.

6. Extra Information

➤ Authorizing person Signature: **X** _____ Authorizing person Name: _____

➤ E-mail Back? YES E-mail address: _____