



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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RI DEPT OF STATE  
BUSINESS DIV  
2017 FEB 13 AM 11:52

### Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|   |  |  |                        |
|---|--|--|------------------------|
| 1. Entity ID Number<br><b>145936</b>  |  | 2. Exact Name of the Corporation<br><b>ATS Equipment, Inc.</b> |                        |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:   |  |  |                        |
| Street Address <b>242 Fieldstone Lane</b>   |  |  |                        |
| City/Town <b>Southweston</b>  |  | State <b>RHODE ISLAND</b>                                      | Zip <b>02874</b>       |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Kevin Hearn</b>   |  |  |                        |
| 5. The address of the <b>NEW</b> registered office is:  |  |  |                        |
| Street Address ( <u>NOT</u> a P.O. Box) <b>2 Kathy Court</b>  |  |  |                        |
| City/Town <b>Bristol</b>  |  | State <b>RHODE ISLAND</b>                                      | Zip <b>02809</b>       |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>Michael Robinson</b>   |  |  |                        |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX   |  |  |                        |
| <input checked="" type="checkbox"/> Date received (Upon filing)   |  |  |                        |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____  |  |  |                        |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct. |  |  |                        |
| Name of Authorized Officer of the Corporation<br><b>Stephen J. Connolly</b>   |  |  | Date<br><b>2/16/17</b> |
| Signature of Authorized Officer of the Corporation<br><b>[Signature]</b><br>SIGN DOCUMENT HERE  |  |  |                        |

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

**FEB 13 2017**

BY **295546**  
**A.A. 11:52 A.M.**