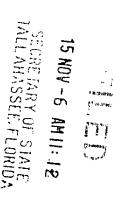
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Office Use Only



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11/06/15--01011--015 **35.00



COVER LETTER

FO: Registration Section Division of Corporations				
SUBJECT: DUBOSE MODEL HO				
Name of Limited Partnership or I	imited Liabilit	ty Limited	Partnership	
DOCUMENT NUMBER:	B150000	000078	3	
The enclosed Statement of Change of Registere Fee(s) are submitted for filing.	ed Office and	l/or Regi	stered Agent and	
Please return all correspondence concerning thi	s matter to:			
Samantha Niels		_		
Contact Person				
Registered Agent Solutions, Inc		_		
Firm/Company				
1701 Directors Blvd., Suite 300		_		
Address		-		
Austin, TX 78744				
City, State and Zip Code		-		
ars@rasi.com				
E-mail address: (to be used for future annual report	notification)			
For further information concerning this matter,	please call:			
Samantha Niels at	(888)	705-7274	
Name of Contact Person		nd Daytime	e Telephone Number	
Enclosed is a \$35.00 check made payable to the	: Florida De _l	partment	of State.	
STREET ADDRESS:	MAIL	ING AD	DRESS:	
Registration Section		ation Se		
Division of Corporations			porations	
Clifton Building		ox 6327		
2661 Executive Center Circle	Tallaha	issee, FL	, 32314	

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

t. DU	BOSE MODEL HOM	E INVES	STORS #202 LP
Nar	me of Limited Partnership or Lin	nited Liability	Limited Partnership
2. 0	3/24/2015	3.	B1500000078
	registration in Florida	<u></u>	Florida document number
4. The name of the reg Department of State:	gistered agent and the registered	office address	s as shown on the records of the Florida
•	NRAI SERV	ICES, INC	
	Nan	ne	
	1200 SOUTH PIN	E ISLAND	ROAD
	Addı	ess	
	PLANTATIO!	N, FL 3332	24
	City, State	and Zip	
5. The name and Flor	ida street address of the new regi	stered agent a	and/or office:
	Registered Agen	t Solutions	$\sum_{i=1}^{N} S_i = \sum_{i=1}^{N} S_i$
	Nan	ne	15. Ca
	155 Office Plaz	a Dr., Suite	te A
	Florida street address (P.		· · · · · · · · · · · · · · · · · · ·
	Tallahassee	F	FL 32301
	City, State		700
6. Such change(s) is/a	re effective when filed by the Flo	orida Departm	nent of State.
f the	J-Dillone		
Signature of General P	artner Dubase Advisur	, LLC	Coneml Partner
comply with the provis	pointment as registered agent an sions of all statutes relative to the an accept the obligations of my Laclyn Wright, Asst.	nd agree to act proper and c position as re	t in this capacity. I further agree to complete performance of my duties,
Filing Fee:	\$35.00		

Certified Copy (optional): \$52.50