## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIO PEREYRA PRES 05/01/2
---------------------------------------

Electronic Signature of Signing Authorized Person(s) Detail

**FEI Number: NOT APPLICABLE** Name and Address of Current Registered Agent:

Entity Name: CABOT NORTH ORANGE 13, LLC

**Current Principal Place of Business:** 

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD TALLAHASSEE, FL 10034 US

DOCUMENT# M05000005328

**50 PARK TERRACE WEST** NEW YORK, NY 10034

**Current Mailing Address: 50 PARK TERRACE WEST** NEW YORK, NY 10034

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title PRES Name PEREYRA, JULIO **50 PARK TERRACE W** Address City-State-Zip: NEW YORK CITY NY 10034

FILED May 01, 2014 Secretary of State CC7557125648

Certificate of Status Desired: No

Date