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(Requestor's Name)			
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Cypress Real Estate Holdings, LLC Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matte	r to the following:				
Neil Huck Name of Person	- 1				
GNH Holdings, LLC Firm/Company	 				
5021 Old Pond Dr. Address					
Naples, FL 34104 City/State and Zip Code	=				
Neil @ Sell to cypiess. com E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matter, please	call:				
Name of Person at (206) 883 5212 Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amoun	it:				
SA \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:	Real Es	state Holdings, LLC
	3225 McLeod Dr Suite 100 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Las Vegas, NV	<u> </u>	
	89121	<u> </u>	
	7/19/2022	, —	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Office Address (MUST BE FLORIDA STREET AL	e Florida Dept. o	f State:
	Tampa ,FL	33602	— —
(L)	Neil Huck		NOTH DEC
(b)	Enter name of NEW Registered Agent and/or NEW Registered C		
	5021 Old Pond Dr.		
	NEW Registered Office Address:		ESTA SO
	Naples ,FL	34104	
change agent was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of class of organization or the operating agreement of the limited	egistered offic sility company, the limited lia	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
<u> ////</u> Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob- to pier notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete peligations of my position as registered agent as provided bely reflect a change in the registered office address, I he din writing of this change.	e to act in this erformance of for in Chapter reby confirm t	connective I further cores to comply with the