

6/18/2020

Division of Corporations

Florida Department of State

Division
ElectronicDivisions
Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000186239 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CONTINENTAL 495 FUND LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

RECEIVED

2020 JUN 18 PM 12:17

2020 JUN 18 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DocuSign Envelope ID: B8FEF1BC-C2DC-4F9A-82AB-1DC753A26931

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Continental 495 Fund LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19000010168

3. Jurisdiction of its organization: Wisconsin

4. Date authorized to do business in Florida: 10/22/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

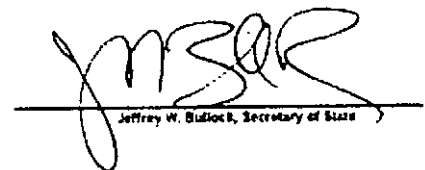
If Changing Registered Agent, Signature of New Registered Agent

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A WISCONSIN LIMITED LIABILITY COMPANY UNDER THE NAME OF "CONTINENTAL 495 FUND LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF JUNE, A.D. 2020, AT 5:05 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

3077089 8100F
SR# 20205730737

Authentication: 203132808
Date: 06-18-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

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State of Delaware
Secretary of State
Division of Corporations
Delivered: 05:05 PM 06/16/2020
FILED: 05:05 PM 06/16/2020
SR: 20205730737 - File Number: 3077089

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Continental 495 Fund LLC
- 2.) The jurisdiction immediately prior to filing this Certificate is Wisconsin
- 3.) The date the Non-Delaware Limited Liability Company first formed is February 13, 2019
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Continental 495 Fund LLC
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Continental 495 Fund LLC

IN WITNESS WHEREOF, the undersigned have executed this
Certificate on the 15 day of June, 2020

CONTINENTAL PROPERTIES COMPANY, INC., its
Manager

By: Daniel J. Minahan
Daniel J. Minahan, President

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "CONTINENTAL
495 FUND LLC" FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF
JUNE, A.D. 2020, AT 5:05 O'CLOCK P.M.



3077089 8100F
SR# 20205730737

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203132808
Date: 06-18-20

DocuSign Envelope ID: B8FEF1BC-C2DC-4F9A-82AB-1DC753A26931

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

- **First:** The name of the limited liability company is Continental 495 Fund LLC
- **Second:** The address of its registered office in the State of Delaware is 1209 Orange Street
in the City of Wilmington
Zip Code 19801
The name of its Registered agent at such address is The Corporation Trust Company
- **Third:** (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation
this 15 day of June, 2020

By: DocuSigned by:
Daniel J. Minahan
2020.06.18 10:00:00 DS
KC
Daniel J. Minahan, Organizer