



STATE OF FLORIDA
Agreement for Modification
 Bureau of Leasing, Department of Management Services Form 4040

Lease Number: 420:0483

Modification Number: 2

WHEREAS, the Department of Agriculture and Consumer Services, as Lessee, has previously entered into Lease Number 420:0483, on October 27th, 2015 which became effective October 1st, 2015 and consists of 168 square feet; the current Lessor being Levy County, Board of County Commissioners

and WHEREAS, the current description of the leased premises is:

Agriculture Center - Extension Office
 625 North Hathaway Avenue
 Bronson, FL 32621

and the covenants and conditions contained in the original State of Florida, Department of Management Services' Lease Agreement, as amended by the below modification(s) are hereby readopted and incorporated herein.

1. Agreement for Lease Renewal:

Lessor and Lessee agree that, pursuant to Article _____ of the Lease Agreement described above, the Lessee hereby exercises the option to renew Lease for a period of _____ year(s) beginning _____, _____ and ending _____, _____.

2. Agreement for Lease Extension:

Lessor and Lessee hereby agree to extend the term of the Lease Agreement described above for a period of 36 month(s), beginning October 1st, 2020 and ending September 30th, 2023.

3. Restructuring the Rental Rate:

Commencing _____, _____, the Lease referenced above is amended to increase or decrease the rental rate per square foot per year paid to the Lessor by the Lessee to the amounts as specified in Article 8 of this agreement.

4. Increase or Decrease Square Footage:

Commencing _____, _____, the Lease referenced above is amended to increase or decrease the square footage leased under this Lease by _____ square feet from _____ square feet to _____ square feet. The description of added or deleted square footage is: _____ and the rental rates, pursuant to this change, shall be as specified in Article 8 of this Agreement.

5. Change the Renewal Option Terms:

Commencing _____, _____, the Lease is hereby amended to change the renewal option periods from _____, _____ year periods to _____, _____ year periods.

6. Cooperation with the Inspector General:

Pursuant to section 20.055(5), Florida Statutes, contractor and any subcontractors understand and will comply with their duty to cooperate with the inspector general in any investigation, audit, inspection, review, or hearing.



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7. Other:

(Use this section to specify terms not included in the sections above. If this box is not selected, no additional modifications are included.)

8. Effective Rental Rates – Square Footage 168

Start (MM/DD/YYYY)	TERM -	End (MM/DD/YYYY)	RATE PER SQUARE FOOT	MONTHLY RATE	ANNUAL RATE
10/01/2020	-	09/30/2021	\$10.71	\$150.00	\$1,800.00
10/01/2021	-	09/30/2022	\$10.71	\$150.00	\$1,800.00
10/01/2022	-	09/30/2023	\$10.71	\$150.00	\$1,800.00
	-			\$0.00	\$0.00
	-			\$0.00	\$0.00
	-			\$0.00	\$0.00
	-			\$0.00	\$0.00
	-			\$0.00	\$0.00
	-			\$0.00	\$0.00
	-			\$0.00	\$0.00

Agreement to Incorporate Addendum

WHEREAS, both the Lessor and the Lessee wish to amend and modify said lease so as to incorporate Addendum _____ effective _____, _____.

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained; the parties hereto hereby agree as follows:

Commencing _____, _____, said lease is hereby amended and modified to incorporate Addendum _____.



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IN WITNESS WHEREOF, the parties hereto have hereunto executed this instrument for the purpose herein expressed, the _____, _____, _____.

ANY MODIFICATION OF A LEASE AGREEMENT SHALL NOT BECOME LEGALLY EFFECTIVE UNTIL APPROVED/ACCEPTED BY THE DEPARTMENT OF MANAGEMENT SERVICES.

ORIGINAL SIGNATURES REQUESTED ON ALL COPIES

As to Lessor – Lessor, or authorized representative and two witnesses must sign, print name and enter date.

<input checked="" type="checkbox"/>	_____	Matthew Brooks, Chairman	_____
	Lessor or Authorized Representative	Printed Name/Title	Date
<input checked="" type="checkbox"/>	_____	Danny J. Shipp, Clerk of Court/Attestor	_____
	Witness #1	Printed Name	Date
<input checked="" type="checkbox"/>	_____	_____	_____
	Witness #2	Printed Name	Date

As to Lessee Agency – Agency head, or authorized delegate, and representative of Agency Office of General Counsel must sign, print name and enter date.

<input checked="" type="checkbox"/>	_____	Joey B. Hicks, Director of Administration	_____
	Agency Head or Authorized Delegate	Printed Name/Title	Date
<input checked="" type="checkbox"/>	_____	_____	_____
	Agency Office of General Counsel	Printed Name	Date

As to the Department of Management Services – Chief Real Property Administrator (or authorized designee) and Secretary (or authorized delegate) must sign, print name and enter date. When applicable, DMS Office of General Counsel shall sign, print name and enter date.

<input checked="" type="checkbox"/>	_____	_____	_____
	Chief Real Property Administrator	Printed Name/Title	Date
<input checked="" type="checkbox"/>	_____	_____	_____
	Secretary or Authorized	Printed Name	Date
<input checked="" type="checkbox"/>	_____	_____	_____
	DMS Office of General Counsel	Printed Name	Date

APPROVED AS TO FORM AND LEGAL SUFFICIENCY Anne Bast Brown
 Anne Bast Brown, County Attorney



STATE OF FLORIDA
DEPARTMENT OF MANAGEMENT SERVICES
UPDATED DISCLOSURE STATEMENT

Lease Number: 420:0483

Location: Agriculture Center - Extension Office
625 North Hathaway Avenue
Bronson, FL 32621

The Disclosure of Ownership Statement, form FM 4114, currently on file dated 09/30/2015,
remains valid and correct.

Lessor: Levy County, Board of County Commissioners

(x) _____

Authorized Signature

Matthew Brooks, Chairman

Name/Title

Date

(SEAL)