



STATE OF FLORIDA Agreement for Modification

Bureau of Leasing, Department of Management Services Form 4040

Lease Number: 710:0266

Modification Number: #3

WHEREAS, the Florida Department of Law Enforcement , as Lessee, has previously entered into Lease Number 710:0266 , on August 30th , 2018 which became effective December 1st , 2018 and consists of 3,900 square feet; the current Lessor being Hernando Board of County Commissioners

and WHEREAS, the current description of the leased premises is:
T-Hangar #46 and #48 (Southwest T-Hangars) located at 2185 American Flyer Drive, Brooksville, FL 34604

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 _____ month(s), beginning December 1st , 2022 and ending November 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** 3,900

Start (MM/DD/YYYY)	TERM		RATE PER SQUARE FOOT	MONTHLY RATE	ANNUAL RATE
	Start	End			
12/01/2022	-	11/30/2023	\$4.62	\$1,501.50	\$18,018.00
-	-	-	-	\$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
-	-	-	-	\$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.


X	_____	_____	_____
	Lessor or Authorized Representative	Printed Name/Title	Date
X	_____	_____	_____
	Witness #1	Printed Name	Date
X	_____	_____	_____
	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.

X	_____	_____	_____
	Agency Head or Authorized Delegate	Printed Name/Title	Date
X	_____	_____	_____
	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.

X	_____	_____	_____
	Chief Real Property Administrator	Printed Name/Title	Date
X	_____	_____	_____
	Secretary or Authorized	Printed Name	Date
X	_____	_____	_____
	DMS Office of General Counsel	Printed Name	Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY
BY  County Attorney's Office

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Rev. Date: 7/15



STATE OF FLORIDA
DEPARTMENT OF MANAGEMENT SERVICES
UPDATED DISCLOSURE STATEMENT

Lease Number: 710:0266

Location: T-Hangar #46 and #48 (Southwest T-Hangars) located at 2185 American Flyer Drive, Brooksville, FL 34604

The Disclosure of Ownership Statement, form FM 4114, currently on file dated 07/24/2018, remains valid and correct.

Lessor: Hernando Board of County Commissioners


(SEAL)

(x) _____

Authorized Signature

Name/Title

Date

**APPROVED AS TO FORM
 AND LEGAL SUFFICIENCY**
 BY 
 County Attorney's Office