



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

Lease Number: 420:0477

Modification Number: 3

WHEREAS, the Department of Agriculture and Consumer Services, as Lessee, has previously entered into Lease Number 420:0477, on April 4th, 2014 which became effective April 1st, 2014 and consists of 4,682 square feet; the current Lessor being City of Ocala

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

Ocala Regional Airport, Hangar No. 19  
 750 SW 60th Avenue  
 Ocala, Florida 34474

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 April 1st, 2023 and ending March 31st, 2026.

3.  **Restructuring the Rental Rate:**

Commencing April 1st, 2023, 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 April 1st, 2023, the Lease referenced above is amended to increase  or decrease  the square footage leased under this Lease by 1,131 square feet from 4,682 square feet to 5,813 square feet. The description of added or deleted square footage is: Room 100, 101, 102 and 106 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 5,813

Start (MM/DD/YYYY)	TERM		RATE PER SQUARE FOOT	MONTHLY RATE	ANNUAL RATE
		End (MM/DD/YYYY)			
04/01/2023	-	03/31/2024	\$8.65	\$4,188.00	\$50,256.00
04/01/2024	-	03/31/2025	\$8.90	\$4,313.64	\$51,763.68
04/01/2025	-	03/31/2026	\$9.17	\$4,443.05	\$53,316.59
	-			\$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 must sign, print name and enter date.

X _____ Lessor or Authorized Representative	_____ Printed Name/Title	_____ Date
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**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	Casey Drake, Assistant Director of Administration _____ Printed Name/Title	_____ Date
X _____ Agency Office of General Counsel	Stephen Cunningham, Senior Attorney _____ 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



STATE OF FLORIDA  
DEPARTMENT OF MANAGEMENT SERVICES  
UPDATED DISCLOSURE STATEMENT

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Lease Number: 420:0477

Location: Ocala Regional Airport, Hangar No. 19  
750 SW 60th Avenue  
Ocala, Florida 34474

The Disclosure of Ownership Statement, form FM 4114, currently on file dated 03/18/2014,  
remains valid and correct.

Lessor: City of Ocala

(x) \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date

(SEAL)