



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

Lease Number: _____

Modification Number: _____

WHEREAS, the _____, as Lessee, has previously entered into Lease Number _____, on _____, which became effective _____, and consists of _____ square feet; the current Lessor being _____;

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

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 _____, and ending _____.

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.



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

Lease Number: _____

Modification Number: _____

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** _____

Start (MM/DD/YYYY)	TERM		RATE PER SQUARE FOOT	MONTHLY RATE	ANNUAL RATE
		End (MM/DD/YYYY)			
	-				
	-				
	-				
	-				
	-				
	-				
	-				
	-				
	-				
	-				
	-				

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 _____.



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

Lease Number: _____

Modification Number: _____

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
---	-----------------------------	---------------

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