



**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.



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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** \_\_\_\_\_

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 \_\_\_\_\_.



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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.

<b>X</b>	Lessor or Authorized Representative	Printed Name/Title	Date
<b>X</b>	Witness #1	Printed Name	Date
<b>X</b>	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.

<b>X</b>	Agency Head or Authorized Delegate	Printed Name/Title	Date
<b>X</b>	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.

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