



STATE OF FLORIDA  
DEPARTMENT OF MANAGEMENT SERVICES  
Agreement for Modification

LEASE NO.: \_\_\_\_\_ MODIFICATION NO.: \_\_\_\_\_

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**WHEREAS**, the \_\_\_\_\_ hereinafter called the Lessee, and the **Department of Management Services**, hereinafter called the Lessor, have previously entered into Lease No. \_\_\_\_\_ for \_\_\_\_\_ square feet, located in the \_\_\_\_\_, in \_\_\_\_\_ Florida, at a quarterly rate of \_\_\_\_\_ and;

**WHEREAS**, pursuant to the terms and conditions of said Lease, the Lessor agreed to lease to the Lessee and the Lessee agreed to lease from the Lessor those certain premises described as:

and,

**WHEREAS**, the Lessee has determined that the amount of space provided by Lessor to Lessee under said Lease will be required effective \_\_\_\_\_.

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

1. Beginning \_\_\_\_\_, the lessor agrees to \_\_\_\_\_ the Lessee \_\_\_\_\_ square feet of space. This \_\_\_\_\_ will \_\_\_\_\_ the amount of square feet of office space being leased from \_\_\_\_\_ square feet to \_\_\_\_\_ square feet.  
*(Description of Area)*

The quarterly rental rate amount.

\_\_\_\_\_, the total amount of rent monies payable by the Lessee to the Lessor in the amount of \_\_\_\_\_ per quarter; and the description of subject premises is changed to:

; and

LEASE NO.: \_\_\_\_\_

MODIFICATION NO.: \_\_\_\_\_

2. The covenants and conditions contained in the original State of Florida, Department of Management Services' Lease Agreement No. \_\_\_\_\_ as amended by the above modifications, are readopted by the Lessor and the Lessee and incorporated herein.

**IN WITNESS WHEREOF**, the parties hereto have hereunto executed this instrument for the purpose herein expressed, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**ORIGINAL SIGNATURES REQUESTED ON ALL COPIES**

<p><i>Signed, sealed and delivered in the presence of</i></p> <p>(x) _____</p> <p><b>As To Director</b></p>	<p><b>Lessor:</b> Department of Management Services</p> <p>(x) _____</p> <p><b>Tom Berger, Director</b> Division of Real Estate Development and Management</p>
<p><i>Signed, sealed and delivered in the presence of</i></p> <p>_____</p> <p>(x) _____</p> <p><b>As To Lessee</b></p>	<p><b>Lessee:</b></p> <p>_____</p> <p>(x) _____</p> <p>Print Name/Title: _____</p>
<p><b>Approval as to Conditions and need therefore</b> <b>Department of Management Services</b></p> <p>(x) _____</p> <p>Chief Real Property Administrator Division of Real Estate Development and Management</p>	<p><b>APPROVAL DATE:</b> _____</p>