

# SUPPLEMENTAL LEASE AGREEMENT

SUPPLEMENTAL LEASE AGREEMENT NO. 1	TO LEASE NO. GS-04B-61948	DATE 8/15/2012	PAGE 1 of 2
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ADDRESS OF PREMISES

1951 SW 18<sup>th</sup> Court, Ocala, Florida 34471-7858

**THIS AGREEMENT**, made and entered into this date by and between **OCFBI, LLC**

whose address is: **221 Circle DR.  
MAITLAND, FL 32751-6456**

Hereinafter called the Lessor, and the **UNITED STATES OF AMERICA**, hereinafter called the **Government**:  
**WHEREAS**, the parties hereto agree to supplement the above Lease.

**NOW THEREFORE**, these parties for the considerations hereinafter mentioned covenant and agree that the said Lease is amended effective **August 2, 2012** as follows:

1. This Supplemental Lease Agreement (SLA) No. 1 has been prepared to issue acceptance and **Notice to Proceed (NTP)** of the Lessor's proposals indicated in Exhibit "A" DID's and Exhibit "B" TICS Summary attached to this SLA, in the amount of **\$415,634.04**, for the Tenant Improvements (TI), space build-out at **1951 SW 18<sup>th</sup> Court, Ocala, Florida 34471-7858**. The Bids have been received and the cost has been determined to be fair and reasonable.

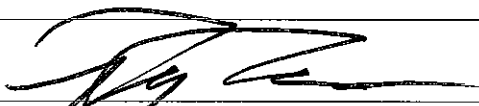
Payment will be due only for items which are listed in the Scope of Work, Exhibit "A" and Exhibit "B" attached to this SLA or requested in writing by the Contracting Officer.

The Lessor will be paid upon completion, inspection and acceptance of the Scope of Work by the Government. Payment is predicated on receipt of this signed SLA. **\$181,585.50** will be amortized in the rent per paragraph (14) of the SF2. **\$80,000.00** will be amortized in the rent per paragraph (15) of the SF2. The difference of **\$154,048.54** ( $\$415,634.04 - \$181,585.50 - \$80,000.00 = \$154,048.54$ ) will be paid in lump sum.

**IN WITNESS WHEREOF**, the parties hereto have hereunto subscribed their names as of the date first above written.

LESSOR

SIGNATURE



NAME OF SIGNER

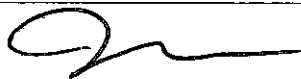
TRACY FORREST

ADDRESS

221 CIRCLE DR. MAITLAND, FL 32751

IN PRESENCE OF

SIGNATURE



NAME OF SIGNER

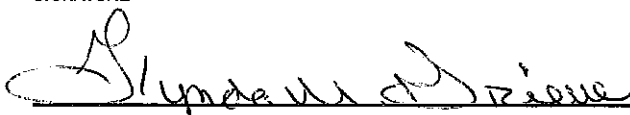
JARED CZACHOROWSKI

ADDRESS

221 CIRCLE DR. MAITLAND, FL 32751

UNITED STATES OF AMERICA

SIGNATURE



NAME OF SIGNER

Glynda Grieve

OFFICIAL TITLE OF SIGNER

Contracting Officer

**Supplemental Lease Agreement # 1**  
**1951 SW 18<sup>th</sup> Court, Ocala, Florida 34471-7858; LSE: GS-04B-61948**

1. Continued;

The Lessor agrees that the invoice shall be printed on the same letterhead as the named on this lease, shall include the Lease number, building address, and a price and quantity of the items delivered. Invoices shall reference number PS0024235 and shall be sent electronically to the GSA Finance Website at <http://www.finance.gsa.gov/defaultexternal.asp>

Instructions for invoice submission are included on the website. Additional assistance is available from the Finance Customer Service line at 817-978-2408. If the Lessor is unable to process this invoice electronically, and invoice may be mailed to:

GSA, Greater Finance Center  
FAS and PBS Payment Division (7BCP)  
P O Box 17181  
Fort Worth, TX 76102-0181

A copy of the invoice must be provided to the Contracting Officer's representative at the following address:

Glynda M. Grieve  
U.S. GENERAL SERVICES ADMINISTRATION  
REAL ESTATE ACQUISITION DIVISION (READ) – 4PR1A  
7771 W. OAKLAND PARK BLVD. SUITE 119  
SUNRISE, FL 33351

Attached;

Exhibit "A" DID Plan.  
Exhibit "B" TICS.

Except as modified in this Agreement, all terms and conditions of the Lease shall remain in full force and effect, and in the event that any of the terms and conditions of the Agreement conflict with any terms and conditions of the Lease or any previous supplemental lease agreements, the terms and conditions of this Agreement shall control and govern.

INITIALS:  LESSOR  GOV'T