

RESOLUTION NO. 2019-223

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, APPROVING THE TERMS AND AUTHORIZING THE COUNTY ADMINISTRATOR, OR DESIGNEE, TO EXECUTE A STATE OF FLORIDA AGREEMENT FOR MODIFICATION WITH CHILDREN AND FAMILIES FOR SPACE LOCATED IN THE ST. JOHNS COUNTY HEALTH AND HUMAN SERVICES BUILDING.

RECITALS

WHEREAS, the State of Florida Department of Children and Families (hereinafter "Children and Families") has been leasing 3,053 square feet in the St. Johns County Health and Human Services Building since February 1, 2015 pursuant to Resolution No. 2014-208 dated November 4, 2014; and

WHEREAS, Children and Families has presented an Agreement Modification, attached hereto as Exhibit "A," incorporated by reference and made a part hereof, extending their Lease Agreement for an additional five (5) years and expanding their lease space to 3,453 square feet; and

WHEREAS, the proposed use by Children and Families will promote community interest and welfare in St. Johns County.

NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioners of St. Johns County, Florida, as follows:

Section 1. The above Recitals are incorporated by reference into the body of this Resolution and such Recitals are adopted as findings of fact.

Section 2. The Board of County Commissioners hereby approves the terms of the State of Florida Agreement for Modification and authorizes the County Administrator, or designee, to execute three (3) original Agreements on behalf of the County.

Section 3. To the extent that there are typographical errors that do not change the tone, tenor, or concept of this Resolution, then this Resolution may be revised without subsequent approval by the Board of County Commissioners.

Section 4. The Clerk is instructed to record the State of Florida Agreement for Modification in the Clerk's Office of St. Johns County, Florida.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida this 16th day of July, 2019.

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

By: Jeb S. Smith
Jeb S. Smith, Vice Chairman

ATTEST: Hunter S. Conrad, Clerk

By: Sam Halterman
Deputy Clerk

RENDITION DATE 7/18/19



EXHIBIT "A" TO RESOLUTION



STATE OF FLORIDA
Agreement for Modification

Bureau of Leasing, Department of Management Services Form 4040

Lease Number: 590:3106

Modification Number: 1

WHEREAS, the Department of Children and Families, as Lessee, has previously entered into Lease Number 590:3106, on November 18th, 2014 which became effective February 1st, 2015 and consists of 3,053 square feet; the current Lessor being St Johns County Board of County Commissioners

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

Rooms 2400 through 2413, 2nd floor

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 60 month(s), beginning February 1st, 2020 and ending January 31st, 2025

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 July 1st, 2019, the Lease referenced above is amended to increase or decrease the square footage leased under this Lease by 400 square feet from 3,053 square feet to 3,453 square feet. The description of added or deleted square footage is: Room 2213 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: 590:3106

Modification Number: 1

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.)

Effective July 1, 2019, the new premises description will be:
Rooms 2213 and 2400 through 2413, 2nd floor.

8. Effective Rental Rates – Square Footage 3,453

TERM		RATE PER SQUARE FOOT	MONTHLY RATE	ANNUAL RATE
Start (MM/DD/YYYY)	End (MM/DD/YYYY)			
07/01/2019	- 01/31/2020	\$21.03	\$6,051.38	\$72,616.59
02/01/2020	- 01/31/2021	\$22.38	\$6,439.85	\$77,278.14
02/01/2021	- 01/31/2022	\$22.30	\$6,416.83	\$77,001.90
02/01/2022	- 01/31/2023	\$22.96	\$6,606.74	\$79,280.88
02/01/2023	- 01/31/2024	\$23.64	\$6,802.41	\$81,628.92
02/01/2024	- 01/31/2025	\$24.34	\$7,003.84	\$84,046.02
-	-		\$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 _____.



STATE OF FLORIDA Agreement for Modification

Bureau of Leasing, Department of Management Services Form 4040

Lease Number: 590:3106

Modification Number: 1

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.

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

X	Agency Head or Authorized Delegate	Printed Name/Title	Date
X	Agency Office of General Counsel	David Tucker 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

Lease Number: 590:3106

Location: St. Johns County Health Department
200 San Sebastian View
St Augustine, Florida 32084

The Disclosure of Ownership Statement, form FM 4114, currently on file dated 11/07/2014,
remains valid and correct.

Lessor: St John's Co. Board of County Commissioners
500 San Sebastian View
St. Augustine, Florida 32084

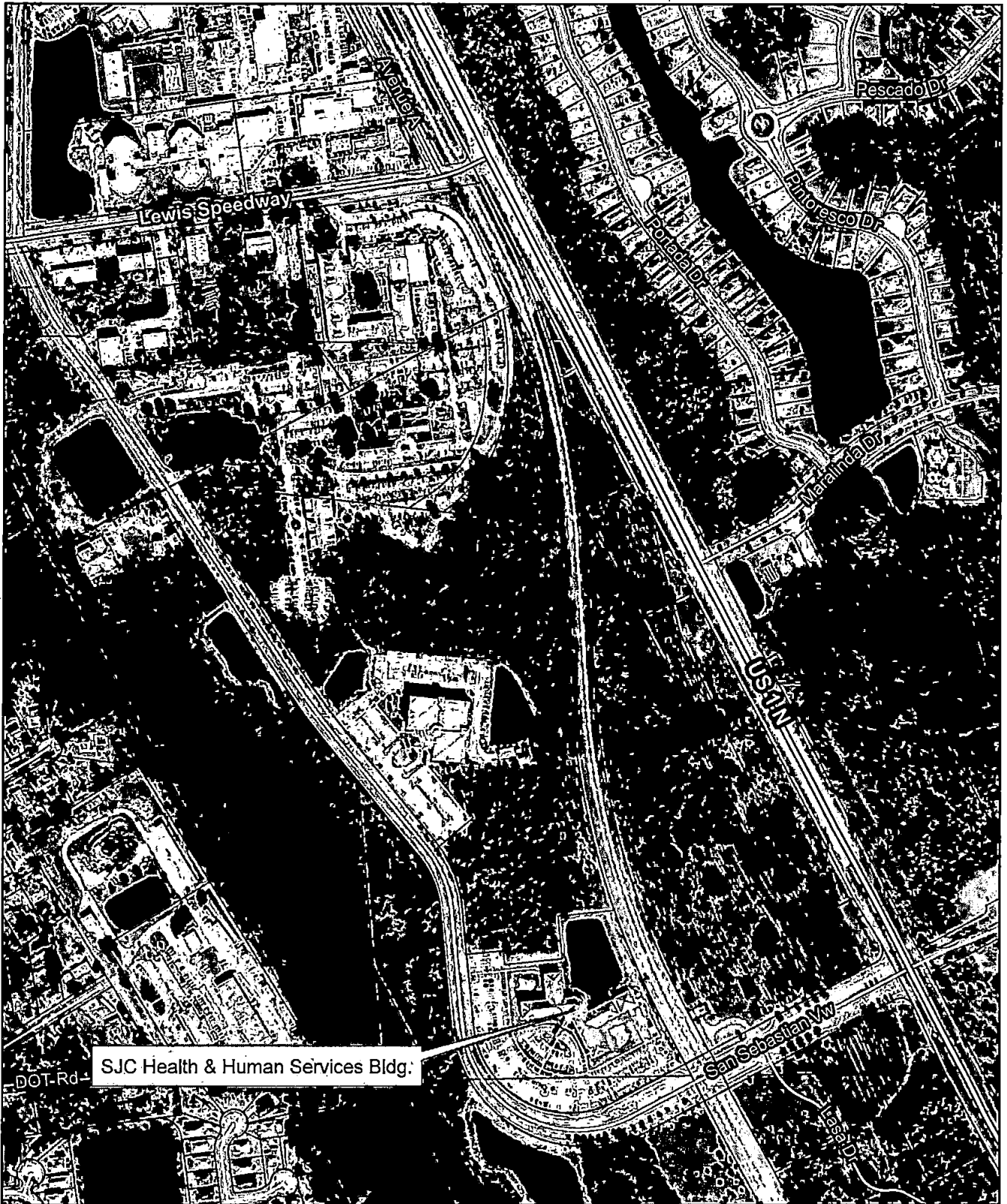
(x) _____

Authorized Signature

Name/Title

Date

(SEAL)



SJC Health & Human Services Bldg.



2016 Aerial Imagery
 0 150 300
 Feet
 June 12, 2019

Lease Agreement
 Modification
*State of Florida
 Children & Families*

Land Management
 Systems
 Real Estate
 Division
 (904) 209-0764

Disclaimer:
 This map is for reference use only.
 Data provided are derived from multiple
 sources with varying levels of accuracy.
 The St. Johns County Real Estate
 Division disclaims all responsibility
 for the accuracy or completeness
 of the data shown herein.

