## PANOS ESTANCE APPROVAL FORM

CONTRACT MANAGEMENT

RECEIVED

(Contract Management Use only)

CONTRACTOR INFORMATION

2013 AUG 22 AM 11: 28

**CONTRACT** TRACKING NO.

| Name:            | Sharleene Carter  |                             |                          |                    |                     |               |  |
|------------------|---|-----------------------------|--------------------------|--------------------|---------------------|---------------|--|
| Address:         | 75668 Johnson Lake R                                      | load                        |                          |                    | 320                 | <u>197</u>    | င္တမ္  |
| Contracto        | or's Administrator Name:                                  |                             | City                     | State Title:       |                     | Zip <b>S</b>  | SEASON SE |
| Tel#: <u>904</u> | 1-468-0338  |                             |                          |                    | eenec@hotmail.com   | n 3           | CHANGE<br>NAGE<br>NAGE<br>NAGE<br>NAGE<br>NAGE<br>NAGE<br>NAGE   |
| Contract         | Name: <u>Custodial Service</u>                            |                             | FRACT INFORM             |                    | \$50.00 each rental | 5             |  |
|                  | scription: Yulee County B<br>nd rental fees are collected |                             |                          |                    |                     |               | <u>all</u>   |
| Contract         | Dates   | _ to                        | _Status: New             | Renew              | Amend# A4 W         | A/Task Ord    | ler  |
| How Pro          | cured: Sole Source  | Single Source               | ITB RI                   | FPRFQ              | CoopOther_          | X             |  |
| If Proces        | ssing an Amendment:                                       |                             |                          |                    |                     |               |  |
| Contract         | #: <b>CM1520-A4</b>                                       | Increase Amount             | of Existing Contra       | ct:                | No Incre            | ase <u>N/</u> | 4  |
| New Con          | tract Dates: <u>11/20/13</u> to                           | 11/19/14                    | _ TOTAL OR A             | MENDMENT A         | MOUNT: <u>\$</u>    |               |  |
|                  | APPROYALSPU   | SUANT TO NAS                | SSAU COUNTY I            | PURCHASING I       | POLICY, SECTIO      | N 6           |  |
| 1.               | trassort  | 1 8                         | 5/6/13                   |                    | 01193519-534103     |               | <u> </u>   |
| 2 0              | Department Head Signatur                                  |                             | Date                     |                    | Funding Source/Ac   | ict # Aug     | 20   |
| 2.               | Contract Management                                       | ours 8                      | 7/15/13<br>Date          |                    |                     | 620           |  |
| 3.               | County Attorney (approve                                  |                             | 8 20   13<br>Date        |                    |                     | 3             | IC: ANAG   |
| 4.               | Sher  |                             | 8-19-13                  |                    |                     |               | ER'S   |
| 3914             |   | Budget                      | Date                     |                    |                     |               |  |
| Commen           | ts:   |                             | 17 = 1                   |                    |                     | 20            |  |
|                  | СО  | UNTY MANAGI                 | FINAL SIGI               | NATURE APPRO       | OVAL                | 13 AUG        | ONTRA  |
|                  | Ted Sell  | by, County Manag            | ed                       | Date               | 21/1>               | 9             | RECEIVED CONTRACT MANAGEMENT   |
| RETUR            | N ORIGINAL(S) TO CO                                       | NTRACT MAN                  | AGEMENT FOR              | DISTRIBUTION       | N AS FOLLOWS:       | 3             | NED VED  |
|                  | Original:<br>Copy:  | Clerk's Services Department | ; Contractor (orig       | ginal or certified | copy)               | <u>.</u>      |  |
|                  |   |                             | ement & Budget<br>gement |                    |                     | 0             | <b>-</b> ∓   |

**Clerk Finance** 

## AMENDMENT NUMBER 4/FOURTH EXTENSION TO THE CUSTODIAL SERVICES AGREEMENT

WHEREAS, the parties entered into an Agreement dated November 20, 2009, for Custodial Services for Yulee County Building; and

WHEREAS, the original agreement provided for an initial term of November 20, 2009 through November 19, 2010 and provided for one year renewals upon mutual agreement of the parties; and

WHEREAS, the parties agreed to extend the agreement for the subsequent periods beginning November 20, 2010 and ending November 19, 2013; and

WHEREAS, the parties desire to extend said Agreement.

NOW, THEREFORE, FOR AND IN CONSIDERATION of the mutual covenants and agreements herein contained, the parties hereto agree as follows:

Contract Number CM1520-A4

1. In accordance with Section 3 of the Agreement dated November 20, 2009, the performance period is hereby extended for an additional one (1) year beginning November 20, 2013 and ending November 19, 2014.

- 2. All other provisions of said Agreement not in conflict with this Addendum shall remain in full force and effect.
- 3. Time is of the essence.

BOARD OF COUNTY COMMISSIONERS NASSAU COUNTY, FLORIDA

TED SELBY, COUNTY MANAGER

Its: Designee

[SIGNATURES CONTINUE ON NEXT PAGE - REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

INDEPENDENT CONTRACTOR

SHARLEENE CARTER

|   | STATE OF FLORIDA COUNTY OF NASSAW   |
|---|---|
|   | Before me personally appeared,  Sharles Marie Carter, who is personally known or produced FLDL as identification, known to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed. |
| 6 | WITNESS my hand and official seal, this 29th day of July , 2013.  Mendo I belleving Motary Signature  |
|   | Notary-Public-State of <u>flouda</u> at large My Commission expires:  |
|   | BRENDA S. BELLARD  Notary Public - State of Florida  My Comm. Expires Feb 19, 2017  Commission # EE 876328  Bonded Through National Notary Assn.  |

3