

**AMENDMENT NUMBER 1/FIRST EXTENSION TO THE AGREEMENT
FOR ROADWAY STRIPING AND PAVEMENT MARKING**

THIS AGREEMENT entered into this 21st day of January, 2015 by and between the **BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA**, a political subdivision of the State of Florida, (hereinafter referred to as "County") and **ROADSCAPE NORTH FLORIDA, INC.** located at 1727 Helena Street, Jacksonville, FL 322086; (hereinafter referred to as "Vendor").

WHEREAS, the parties entered into an agreement on May 13, 2013 for the purchase of Roadway Striping and Pavement Markings; and

WHEREAS, the original agreement provided for an initial term beginning May 13, 2013 and ending May 12, 2015 with an option to renew for additional one year periods;

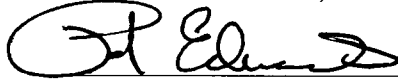
WHEREAS, the parties desire to amend and extend said Agreement.

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

1. The performance period is hereby extended for an additional period beginning May 13, 2015 and ending May 12, 2016.
2. All other provisions of said Agreement not in conflict with this Addendum shall remain in full force and effect.

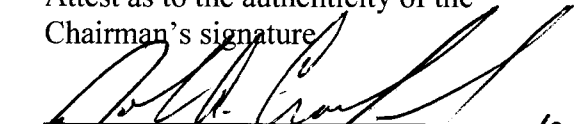
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**BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA**



PAT EDWARDS
Its: Chairman

Attest as to the authenticity of the
Chairman's signature

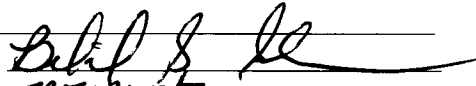

JOHN A. CRAWFORD
Its: Ex-Officio Clerk

MES
01-22-15

Approved as to form and legality


Mollie M. Garrett, Esq.


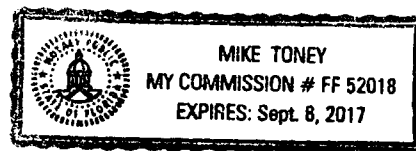
ROADSCAPE NORTH FLORIDA, INC.

By: 
Its: PRESIDENT

STATE OF FLORIDA
COUNTY OF DUVAL

Before me personally appeared, BILAL SALEEM, who is
personally known or produced FL DL 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.

WITNESS my hand and official seal, this 13 day of DECEMBER, 2014.


Notary Signature

Notary-Public-State of FLORIDA at large
My Commission expires:



CERTIFICATE OF LIABILITY INSURANCE

CM1948

DATE (MM/DD/YYYY)
1/23/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER All Lines Insurance Agency, Inc. 4828 Blanding Blvd Suite 1 Jacksonville FL 32210-7390	CONTACT NAME: Sherri Barrett
	PHONE (A/C No, Ext): 904-384-0783 FAX (A/C No): 904-384-0550 E-MAIL ADDRESS: sbarrett@all-lines.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Axis Surplus Ins Co	NAIC # 26620
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	


INSURED **ROADS-1**
Roadscape North Florida, Inc
14476-105 Duval Place W
Jacksonville FL 32218

COVERAGES **CERTIFICATE NUMBER: 1542160255** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL/INSR	SUBR/INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		FLGLN01208AX	1/22/2015	1/22/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Nassau County, a political subdivision of the State of Florida. its officers, employees and agents are additional insured's with respects to the General Liability per policy wording.

CERTIFICATE HOLDER Nassau County Board of County Commissioners 96135 Nassau Place Suite 6 Yulee FL 32097	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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