

<b>GENERAL SERVICES ADMINISTRATION</b> PUBLIC BUILDINGS SERVICE  <b>SUPPLEMENTAL LEASE AGREEMENT</b>	SUPPLEMENTAL AGREEMENT No. 1	DATE <div style="font-size: 1.5em; text-align: center;">9/16/10</div>
ADDRESS OF PREMISES: 5629 Hoover Boulevard, Tampa, FL 33634-5302		
THIS AGREEMENT, made and entered into this date by and between Procacci Tampa, LLC  whose address is: 925 South Federal Highway Suite 400 Boca Raton, FL 33432-6145  hereinafter called the Lessor, and the UNITED STATES OF AMERICA, hereafter called the Government:  WHEREAS, the parties hereto desire to amend the above Lease.  NOW THEREFORE, these parties for the considerations hereinafter mentioned covenant and agree that the said Lease is amended, effective <u>September 15, 2010</u> , as follows:		
1. The purpose of this Supplemental Lease Agreement is the following: <ul style="list-style-type: none"> <li>To change the name of the Lessor and Payee from <i>Procacci Development Corporation</i> to <i>Procacci Tampa, LLC</i>. All future references to the Lessor and Payee shall refer to Procacci Tampa, LLC.</li> <li>To change the address of the subject building from 5729 Hoover Boulevard, Tampa, FL 33634-5302 to 5629 Hoover Boulevard, Tampa, FL 33634-5302.</li> <li>To amend SF2 Paragraph 5.B, which shall now read "All tenant alterations are to be completed within 210 working days from receipt of notice to proceed."</li> <li>To amend SFO Paragraph 1.9, which shall now read "Occupancy is required 300 days after the Contracting Officer issues the Tenant Improvements Notice to Proceed. Occupancy shall not occur later than October 15, 2011."</li> <li>To amend SFO Paragraph 5.13.F, which shall now read "The lessor shall complete tenant improvements within 210 working days of receiving the notice to proceed from the Government."</li> </ul>		
All other terms and conditions of the lease shall remain in force and effect.		
<b>LESSOR</b>		
SIGNATURE     Procacci Tampa, LLC	NAME OF SIGNER     Philip Procacci	
ADDRESS 925 South Federal Highway, Suite 400, Boca Raton, FL 33432-6145		
IN THE PRESENCE OF (SIGNATURE)	NAME OF SIGNER     Elizabeth Roberts	
<b>UNITED STATES OF AMERICA</b>		
SIGNATURE	NAME OF SIGNER <b>Michael Ellis</b>	
	OFFICIAL TITLE OF SIGNER <b>CONTRACTING OFFICER</b>	