AMENDMENT NO. 2 TO MASTER SERVICE CONTRACT

THIS AMENDMENT No. 2 to MASTER SERVICE CONTRACT ("Amendment No. 2"), is made and
entered into this of, 2023, by and between the HILLSBOROUGH COUNTY AVIATION
AUTHORITY, an independent special district existing under the laws of the State of Florida, ("Owner"),
AVISON YOUNG PROPERTY MANAGEMENT (USA) LLC, an Illinois limited liability company authorized
to do business in the State of Florida ("Managing Agent") and UNIVERSAL PROTECTION SERVICE,
LLC D/B/A ALLIED UNIVERSAL SECURITY SERVICES, LLC, a Pennsylvania limited liability company
authorized to do business in the State of Florida ("Contractor") (hereinafter individually and collectively
referred to as the "Party" or "Parties").

WHEREAS, on July 12, 2021, JO TPA OFFICE 270, LLC ("JO TPA"), Managing Agent and Contractor entered into a Master Service Contract ("Contract") for Contractor to provide security guard and concierge guard services ("Services") for a 270,000 square foot office building known as SkyCenter One ("Property"); and

WHEREAS, on March 31, 2023, JO TPA transferred the Property to Owner and as part of that purchase Owner assumed the Contract from JO TPAt; and

WHEREAS, on March 31, 2023, Managing Agent and Contractor entered into Amendment No. 1 to the Contract which updated certain terms and conditions in furtherance of the assumption of the Contract by Owner; and

WHEREAS, Owner requires additional security guard coverage, 24 hours per day, seven days a week. which will increase the annual cost for the Services by \$135,059.09.

NOW, THEREFORE, the Parties hereby agree as follows:

- 1. The above recitals are true and correct and are incorporated herein.
- 2. Article 36, <u>OWNER APPROVALS</u>, shall be added to the Contract as follows:
 - 36. Owner Approvals. Except as otherwise indicated elsewhere in this Contract, wherever in this Contract approvals are required to be given or received by Owner, it is understood that the Chief Executive Officer is hereby empowered to act on behalf of Owner.
- Schedule A, Description of Services & Rate Schedule dated January 20, 2021, shall be deleted in its entirety and replaced with Revised Schedule A, Description of Services & Rate Schedule dated April 4, 2023.

4. Except as otherwise stated herein, all other terms remain in full force and effect and are hereby ratified and confirmed. The Master Service Contract, Amendment No. 1, and this Amendment No. 2 represent the entire understanding between the Parties on the issues contained herein, either written or oral, and may be amended only by written instrument signed by the Parties.

(Remainder of Page Intentionally Left Blank)

IN WITNESS WHEREOF, the Parties	s hereto have set their hands and corporate seals on this
day of, 2023.	
ATTEST:	HILLSBOROUGH COUNTY AVIATION AUTHORITY
By:	By:
Jane Castor, Secretary Address: P. O. Box 22287 Tampa, FL 33622	Gary W. Harrod, Chairman Address: P. O. Box 22287 Tampa, FL 33622
Signed, sealed, and delivered in the presence of:	
Witness Signature	LEGAL FORM APPROVED:
Print Name	By: David Scott Knight Assistant General Counsel
Witness Signature	
Print Name	
HILLSBOROUGH COUNTY AVIATION AUTHO	<u>ORITY</u>
STATE OF FLORIDA	
COUNTY OF HILLSBOROUGH	
or online notarization, this day of Chairman, and by in	wledged before me by means of physicalpresence of, 2023, by in the capacity of in the capacity of the capacity of Secretary, of the Board of Directors, ndependent special district under the laws of the State of own to me and they did not take an oath.
-	Signature of Notary Public – State of Florida
	Print, Type, or Stamp Commissioned Name of Notary Public)

MANAGING AGENT Avison Young Property Management (USA) LLC

Signed in the Presence of:	BY:	
	Signat	ure
Witness	Title	2
Printed Name	Printed I	Name
Witness	Printed A	ddress
Printed Name	City/Stat	re/Zip
Avison Young Property Management (USA) LLC		
STATE OF		
COUNTY OF		
The foregoing instrument was acknowledged before me this		
, (Individual's Name)	, in the capacity of (Individu	ual's Title)
at	a cornoration, on its hehal	f
(Company Name)		(He is / She is)
known to me an	nd has produced	
(Personally / Not Personally)		Form of Identification)
Stamp or Seal of Notary		
	Signature o	f Notary
	Printed I	Name
	Date Notary Commission Expir	res (if not on stamp or seal)

CONTRACTOR

Universal Protection Service, LLC d/b/a Allied Universal Security Services, LLC

Signed in the Presence of:	BY:		
	Signatu	re	
Witness	Title		
Printed Name	Printed N	ame	
Witness	Printed Ad	dress	
Printed Name	City/State	/Zip	
Universal Protection Service, LLC d/b/a Allied Unive	ersal Security Services, LL	С	
STATE OF			
COUNTY OF			
The foregoing instrument was acknowledged before me this			
, (Individual's Name)	(Individua	ıl's Title)	
at	, a corporation, on its behalf		
(Company Name)		(He is / She is)	
	nd has produced		
(Personally / Not Personally)	(Fo	(Form of Identification)	
Stamp or Seal of Notary			
	Signature of Notary		
	Printed N	ame	
	Date Notary Commission Expire	es (if not on stamp or seal)	

REVISED SCHEDULE "A" Description of Services Rate Schedule



Received 4.4.2023 SkyCenter One Proposed						
Position	Hours Per Week	Pay Wage	Bill Rate	Overtime/Holiday Rate	Annual Spend	
Site Supervisor	40.0	\$21.00	\$29.40	\$44.10	\$61,152.00	
Security Professional	168.0	\$18.00	\$25.20	\$37.80	\$220,147.20	
Estimated Annual Holiday Cost					\$2,822.40	
New Year's Day, Presid		following sever al Day, 4th of Ju	` '	ed nolidays: , Thanksgiving Day, and C	Christmas Day	
Estimated Subtotal					\$284,121.60	
Sales Tax	7.5%				\$21,309.12	
Estimated Total Annual Cost				\$305,430.72		
Estimated Total Monthly Cost				\$25,452.56		
Estimated Total Weekly Cost				\$5,873.67		
Medical Benefits Based on Participation (Affordable Care Act Compliant Plans)				Included		
Micaical Beliefits Basea off Fai		Direct Bill	Itame			
incured Benefits Based on Fair		Direct Bill	Items			

Pricing Notes

Value-added and Affordable Security Officer Benefits (included in your rate)

Medical Insurance (full-time/benefit eligible)

Dental insurance (full-time/benefit eligible)

Vision Insurance (full-time, benefit eligible)

401(k) plan

Life and disability insurance

Vacation

Background check and 10 panel drug screen on all officers

Uniforms at no cost to you or the officer

Training, including OJT and refresher training

Direct Deposit

Items that will be direct billed as incurred:

Allied Universal recognizes seven (7) holidays): New Year's Day, President's Day, Memorial Day, July 4th, Labor Day, Thanksgiving, & Christmas Day (if applicable).

Overtime rate is 1.5 times the bill rate with less than 48 hour notice of additional coverage. Client must approve via email.