ASSIGNMENT AND ASSUMPTION CONTRACT

THIS ASSIGNMENT AND ASSUMPTION CONTRACT is dated this 1st day of March 2018, between Public Financial Management, Inc., a corporation organized and existing under the laws of the State of Pennsylvania and authorized to do business in the State of Florida (Assignor) and PFM Financial Advisors LLC, a limited liability corporation organized and existing under the laws of the State of Pennsylvania and authorized to do business in the State of Florida (Assignee).

W I T N E S S E T H:

WHEREAS, on June 2, 2016, the Hillsborough County Aviation Authority (Authority) and Assignor entered into a Financial Advisory Services Supplemental Contract (Contract); and

WHEREAS, Assignor desires to assign all of its rights and obligations under the Contract to Assignee, and Assignee desires to assume all of Assignor's rights and obligations under the Contract, on the terms and conditions hereinafter set forth; and

WHEREAS, the consent of Authority is required to effectuate this Assignment and Assumption Contract.

NOW, THEREFORE, Assignor and Assignee hereby agree as follows:

1. Assignor hereby assigns to Assignee all of Assignor's right, title and interest in and to the Contract effective as of March 1, 2018 (the Effective Date).

2. Assignee, for the benefit of Assignor and Authority under the Contract, hereby assumes, and agrees to be bound by and to perform, all of the covenants, agreements, terms, obligations, responsibilities, provisions and conditions on the part of the Assignor under the Contract to be kept, performed and observed from and after the Effective Date.

3. This Assignment and Assumption Contract shall be binding upon and inure to the benefit of the parties' respective successors and assigns.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]
IN WITNESS WHEREOF, Assignor and Assignee have executed this Assignment and Assumption Contract as of the day and year first written above.

Public Financial Management, Inc.
Assignor

Signed in the presence of:

By: ________________________________
Title: ______________________________

Witness Signature

__________________________
Print Name

__________________________
Print Address

Witness Signature

__________________________
Print Name

Public Financial Management, Inc.
Assignor

STATE OF _____________________
COUNTY OF ___________________

The foregoing instrument was acknowledge before me this _____ day of ________________, 20__, by ____________________________ in the capacity of __________________________________,

(Individual’s Name) (Individual’s Title)
at ____________________________________________ a _______________________________________

(Name of organization or company, if any) (Corporation/Partnership/Sole Proprietor/Other)
on its behalf. ____________________________________________ and has produced
(He is/She is) (personally known to me / not personally known to me)
the following document of identification ________________________________.

(Stamp or seal of Notary)

________________________________________
Signature of Notary

________________________________________
Type or Print Name of Notary

________________________________________
Date of Commission Expiration (if not on stamp or seal)
PFM Financial Advisors LLC
Assignee

Signed in the presence of:

By:__________________________________________
Title:_________________________________________

Witness Signature

___________________________________

Print Name

___________________________________

Print Address

Witness Signature

___________________________________

Print Name

PFM Financial Advisors LLC
Assignee

STATE OF _____________________
COUNTY OF ___________________

The foregoing instrument was acknowledge before me this _____ day of ____________, 20__, by __________________________ in the capacity of ___________________________________, (Individual’s Name) (Individual’s Title) at _______________________________________________ a limited liability company, on its behalf. (Name of organization or company)

(He is/She is) (personally known to me / not personally known to me) document of identification _________________________________.

(Stamp or seal of Notary)

Signature of Notary

___________________________________

Type or Print Name of Notary

___________________________________

Date of Commission Expiration (if not on stamp or seal)
CONSENT TO ASSIGNMENT AND ASSUMPTION CONTRACT

The Hillsborough County Aviation Authority (Authority) hereby consents to the transaction as set forth in the Assignment and Assumption Contract and hereby agrees to release and discharge Assignor from any further obligation or liability under the Financial Advisory Services Supplemental Contract (Contract) and to look solely to Assignee as the responsible party under the Contract for all liabilities or obligations arising after the Effective Date of the Assignment and Assumption Contract, as set forth therein. Assignor will not be released from any liability or obligation accruing prior to the Effective Date. This consent will not operate as a waiver of any prohibition against further assignment or subletting, as provided in the Contract.

IN WITNESS WHEREOF, the party hereto has set their hands and corporate seal on this 1st day of March, 2018.

HILLSBOROUGH COUNTY AVIATION AUTHORITY

ATTEST:  
Victor D. Crist, Secretary

BY:  
Robert I. Watkins, Chairman

Address:  PO Box 22287  
Tampa FL

Address:  PO Box 22287  
Tampa FL

WITNESS:  
Signature

Printed Name

Approved as to form for legal sufficiency:

BY:  
David Scott Knight, Assistant General Counsel

HILLSBOROUGH COUNTY AVIATION AUTHORITY
STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this ____ day of March 2018, by Robert I. Watkins, in the capacity of Chairman of the Board of Directors, and Victor D. Crist, in the capacity of Secretary of the Board of Directors, HILLSBOROUGH COUNTY AVIATION AUTHORITY, a public body corporate under the laws of the State of Florida, on its behalf. They are personally known to me and they did not take an oath.

(Stamp or seal of Notary)

Signature of Notary

Type or print name of Notary

Date of Commission Expiration (if not on stamp or seal)