

STATE OF TEXAS
COUNTY OF FORT BEND

**THIRD AMENDMENT TO TEXANA THERAPY FOR TOTS
OCCUPANCY AGREEMENT
BETWEEN TEXANA CENTER AND FORT BEND COUNTY**

This Third Amendment is entered into by and between FORT BEND COUNTY, TEXAS (herein referred to as "COUNTY"), a body corporate and politic under the laws of the State of Texas acting pursuant to the duly authorized act of its Commissioner's Court, and TEXANA CENTER (hereinafter referred to as "TEXANA"), a community center and an agency of the State of Texas under the provisions of Chapter 534 of the Texas Health & Safety Code Ann. (Vernon 2000), as amended.

THAT, WHEREAS, the parties accepted the *TEXANA THERAPY FOR TOTS OCCUPANCY AGREEMENT BETWEEN TEXANA CENTER AND FORT BEND COUNTY* (hereinafter, "the Agreement") on or about October 1, 2013 which was amended on or about October 7, 2014 and October 13, 2015 (hereinafter referred to as "Prior Agreements" and incorporated herein); and,

WHEREAS, the following changes are incorporated as if a part of the original Agreement incorporated by reference in the same as if fully set forth verbatim herein:

1. The term of this Agreement is hereby renewed under the same terms and conditions, effective as of October 1, 2016 and will expire on September 30, 2017; unless sooner terminated by the Parties.
2. All terms and conditions of the Agreement, including any addenda, and the Prior Agreements not modified herein shall remain in full force and effect and for the term of any renewal. If there is a conflict between this Third Amendment and any Prior Agreement, the conflict will be resolved in favor of the most recently executed document.

[execution page follows]

FORT BEND COUNTY:

Robert E. Hebert

Robert E. Hebert, County Judge

9-27-16

Date

ATTEST:

Laura Richard
Laura Richard, County Clerk



TEXANA CENTER:

George Patterson
Signature

9-1-16

Date

GEORGE PATTERSON
Name and Title

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ NIA to accomplish and pay the obligation of the Fort Bend County under this Agreement.

Robert Ed Sturdivant

Robert Ed Sturdivant, Fort Bend County Auditor

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Texana Center
Rosenberg, TX United States

Certificate Number:
2016-109495

Date Filed:
09/08/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Fort Bend County

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

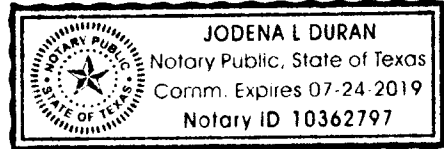
14291
Occupancy Agreement

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Rhonda Hodges
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rhonda Hodges, this the 8th day of September 2016, to certify which, witness my hand and seal of office.

Jodena L Duran
Signature of officer administering oath

Jodena L Duran
Printed name of officer administering oath

Notary
Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

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14291
Occupancy Agreement

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			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath