

|                     |   |                             |
|---------------------|---|-----------------------------|
| STATE OF TEXAS      | § |                             |
|                     | § | KNOW ALL BY THESE PRESENTS: |
| COUNTY OF FORT BEND | § |                             |

### **AMENDMENT TO AGREEMENT FOR INFOTAINMENT MONITOR RETROFIT**

THIS AMENDMENT, is made and entered into by and between Fort Bend County (hereinafter "County"), a body corporate and politic under the laws of the State of Texas, and Seon Design USA Corp. formerly known as Seon Systems Sales, Inc. (hereinafter "Consultant"), a company authorized to conduct business in the State of Texas.

WHEREAS, the parties have executed and accepted that certain Agreement for Infotainment Monitor Retrofit Services, on or about November 12, 2024 (the "Agreement"); and

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

**NOW, THEREFORE**, the parties do mutually agree as follows:

1. **Name Change.** The parties hereby acknowledge Seon Systems Sales, Inc. name is officially changed to Seon Design USA Corp.

Except as provided herein, all terms and conditions of the Agreement, including any addenda or amendments, not modified shall remain in full force and effect. If there is a conflict between this Amendment and the Agreement, the provisions of this Amendment shall prevail regarding the conflict.

*{Execution Page Follows}*

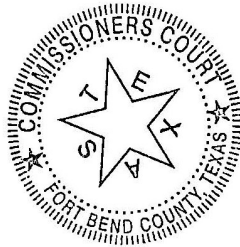
*{Remainder Intentionally Left Blank}*

IN WITNESS WHEREOF, the parties put their hands to this Amendment on the dates indicated below.

**FORT BEND COUNTY**

KP George  
KP George, County Judge

March 25, 2025  
Date



ATTEST:

Laura Richard  
Laura Richard, County Clerk

**SEON DESIGN USA CORP.**

M. Hagan  
Authorized Agent- Signature

Mike Hagan  
Authorized Agent- Printed Name

Senior Vice President, PTLW  
Title

February 24, 2025  
Date

REVIEWED by:

Perri L. D'Armond  
Perri L. D'Armond  
Fort Bend County Public Transportation Director

# 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.**

Seon Design (USA) Corp.  
Bellingham, WA United States

**Certificate Number:**  
2025-1280842

**Date Filed:**  
03/12/2025

**Date Acknowledged:**  
03/25/2025

**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

**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.**

37625  
24-PT-101012-A1

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|--------------------------|------------------------------------------|------------------------------------------|--------------|
|   |                          |                                          | Controlling                              | Intermediary |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
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|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |

**5 Check only if there is NO Interested Party.**



**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)