| GENERAL SERVICES ADMINISTRATION<br>PUBLIC BUILDINGS SERVICE | LEASE AMENDMENT No. 4     |  |
|---|---------------------------|--|
| LEASE AMENDMENT   | TO LEASE NO. GS-04P-62437 |  |
| ADDRESS OF PREMISES   | PDN Number: N/A           |  |
| 1821 SAM RITTENBERG BLVD<br>CHARLESTON, SC 29407-4823       |                           |  |

THIS AMENDMENT is made and entered into between SKYLINE HOLDINGS, LLC

whose address is: 9595 Wilshire Blvd., Suite 1010 Beverly Hills, CA 90212-2512

hereinafter called the Lessor, and the UNITED STATES OF AMERICA, hereinafter called the Government:

WHEREAS, the parties hereto desire to amend the above Lease as indicated below:

NOW THEREFORE, these parties for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, covenant and agree that the said Lease is amended effective **November 18, 2015**, as follows:

- Per Section 1.08 of the Lease (GSA Form L201B), the Government elects to make a lump sum payment for work/space accepted at 1821 Sam Rittenberg Blvd. Charleston, SC in the amount of <u>\$1,224,853.48</u>, also noted in the lease to be reimbursed as a lump-sum payment.
- The remaining balance of the Tenant Improvements Cost has been amortized in the rent structure, as noted in both the lease and LA #2. The amortized amount is inclusive of both the Tenant Improvement and BSAC balance.
- The Lessor shall submit the proper invoice to the Government per the instructions below:

All other terms and conditions of the lease shall remain in force and effect. IN WITNESS WHEREOF, the parties subscribed their names as of the below date.

| FOR THE LESSOR  | FOR THE GOVERNMENT  |  |  |
|---|---|--|--|
| Signature: $\neg$ Name: $\neg$ Title: $Par VarEntity Name:Sky/we holdings CLLDate:11/19/15$ | Signature:<br>Name:<br>Title: Lease Contracting Officer<br>GSA, Public Buildings Service,<br>Date: 1/1915 |  |  |
| WITNESSED FC  |   |  |  |
| Signature:<br>Name:<br>Title:<br>Date:<br>11/27/2015  |   |  |  |

This Lease Amendment contains 1 pages.

All invoices shall be sent to the U.S. General Services Administration, Finance Division – 7BCP address noted below with the following <u>PS# 0032383</u>. Upon said payment, all removable non-structural fixtures shall become the property of the Government and may be changed, relocated and/or removed from the leased premises by the Government.

Except as modified in this Agreement, all terms and conditions of the Lease shall remain in full force and effect, and in the event that any of the terms and conditions of this Agreement conflict with any terms and conditions of the Lease or any previous supplemental lease agreements, the terms and conditions of this Agreement shall control and govern.

Lessor shall provide proper invoice, referencing this <u>PS# 0032383</u>, per instructions stated below:

An invoice for payment must be submitted as follows:

| COPY                            | ORIGINAL                                |  |
|---------------------------------|---|--|
| General Services Administration | General Services Administration         |  |
| Attn: Jaskamal S. Tucker        | Greater Southwest Finance Center (7BCP) |  |
| 77 Forsyth Street, Suite G-40   | P. O. Box 17181                         |  |
| Atlanta, GA 30303               | Fort Worth, TX 76102-0181               |  |
|                                 |   |  |

-OR-

Submit invoices electronically through the Finance Web-site at www.finance.gsa.gov. When submitting the initial invoice, you will need to register for a "Password." This web-site will also allow vendors to research the payment on-line.

## A proper invoice must include:

- •Name of the Lessor, as shown on the Lease, Invoice Date, and original signature.
- Lease Contract No., Supplemental Agreement No., and building location
- •Description, Price, and quantity of property and services actually delivered

•You must note the "Payment Document (PS) Number" on your invoice prior to sending the original copy of the Invoice to GSA-Fort Worth, TX, or submitting the invoice electronically.

•Tax ID No. of the approved Payee under the Lease that will receive the payment.

| INITIALS: | 52     | 8 | AN    |  |
|-----------|--------|---|-------|--|
|           | LESSOR | u | GOV'T |  |

Lease Amendment Form 12/12