

**When recorded mail to:**

**Pinal County Development Services  
P.O Box 749  
Florence, AZ 85232**

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**LEASE ADDEMDUM**

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**DOCUMENT TITLE**

The following document is being presented for recordation:

Lease Addendum between Skyflight Services (“Sublessor”) and  
Pinal County (“Sublessee”)

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# LEASE ADDENDUM

1. **THE PARTIES.** This Lease Addendum ("Addendum"), made effective as of 11/01/2023, is by and between:

Sublessor: Skyflight Services ("Sublessor") and

Sublessee: Pinal County (Sublessee").

The Landlord and Tenant are each referred to herein as a "Party" and, collectively, as the "Parties."

2. **ORIGINAL LEASE.** This Addendum is being added to the lease agreement between the Parties, dated 07/01/2022, for the property located at Coolidge Airport Hangars 10,11,20,21 & 10,000 sf Lot ("Original Lease").

**ADDITIONAL TERMS.** The following terms and conditions shall be added to the Original Lease: In addition to the lease agreement referenced in paragraph 2 above Pinal County also has a lease agreement for Coolidge Airport Hangar 19 which expires on December 1, 2023. The Parties seek to incorporate the lease of Hangar 19 into this agreement.

3. Upon execution of this addendum, the November 1, 2022 lease for Hangar 19 will expire immediately and Pinal County's use and occupancy of Hangar 19 shall be controlled by the Original Lease. The Original Lease will have an additional \$1,200 added to the current rent to include Hangar 19. The new total of \$8,400 per month includes all current hangars, hangar 19 and the 10,000 sf lot.

Except as specifically mentioned in this Addendum, all other terms and conditions of the Original Lease shall remain in full force and effect.

4. **EXECUTION.** This Addendum may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

Sublessor Signature: \_\_\_\_\_

Date: 10/19/2023

Print Name: Alec Fisher

SUBLESSEE

PINAL COUNTY, ARIZONA, a political subdivision of  
the State of Arizona

\_\_\_\_\_  
Chairman of the Board

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Deputy/Clerk of the Board

APPROVED AS TO FORM:

\_\_\_\_\_  
Deputy County Attorney