



Contract Number

18-234-A2

SAP Number

4400008164

Department of Aging and Adult Services

Department Contract Representative Telephone Number Patty Steven
909.388.0241

Contractor S.H. Spectrum, Inc. Century 21
Masters
Contractor Representative Telephone Number Shawn Luong, Broker
951.230.8328
Contract Term July 1, 2018 through June 30, 2023
Original Contract Amount N/A
Amendment Amount N/A
Total Contract Amount N/A
Cost Center 5360001000

IT IS HEREBY AGREED AS FOLLOWS:

Amendment No. 2

It is hereby agreed to amend Contract No. 18-234, effective July 1, 2022, as follows:

VIII. TERM

Section VIII. Term is amended to read as follows:

This Contract is effective as of July 1, 2018 and is extended from its amended expiration date of June 30, 2022, to expire on June 30, 2023, but may be terminated earlier in accordance with provisions of Section IX of the Contract.

All other terms and conditions of Contract No. 18-235 remain in full force and effect.

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

SAN BERNARDINO COUNTY

▶

 Curt Hagman, Chairman, Board of Supervisors

Dated: _____
 SIGNED AND CERTIFIED THAT A COPY OF THIS
 DOCUMENT HAS BEEN DELIVERED TO THE
 CHAIRMAN OF THE BOARD

Lynna Monell
 Clerk of the Board of Supervisors
 San Bernardino County

By _____
 Deputy

S.H. Spectrum, Inc. Century 21 Masters

 (Print or type name of corporation, company, contractor, etc.)

By ▶ _____
 (Authorized signature - sign in blue ink)

Name Shawn Luong, Broker

 (Print or type name of person signing contract)

Title Broker

 (Print or Type)

Dated: _____

Address 480 W. Rowland Street

 Covina, CA 91723

FOR COUNTY USE ONLY

Approved as to Legal Form

 Jacqueline Carey-Wilson, Deputy County Counsel
 Date _____

Reviewed for Contract Compliance

 Patty Steven, Contracts Manager
 Date _____

Reviewed/Approved by Department

 Sharon Nevins, Director,
 Department of Aging and Adult Services
 Date _____