

## STATEMENT OF AUTHORITY

The undersigned submits this Statement of Authority for an entity named The Susan R. Monahan Living Trust and makes the following statements:

1. The type of entity is a Living Trust.
2. The entity is formed under the laws of the State of Florida.
3. The mailing address for the entity is: 408 Ponte Vedra Blvd., Ponte Vedra Beach, FL 32082.
4. Susan R. Monahan (trustee) is authorized to sign agreements binding the entity. Such authority is limited: \_\_\_\_\_  
\_\_\_\_\_.

5. This Statement of Authority is valid for one year from the date of signing unless expressly revoked by the entity in writing.

Signed this 23rd day of May, 2022.

[Signature]  
The Susan R. Monahan Living Trust

By: [Signature]

Printed Name: SUSAN MONAHAN

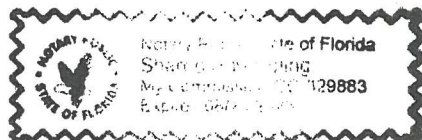
Title: TRUSTEE

STATE OF FLORIDA       )  
                                      ) ss.  
COUNTY OF ST. JOHNS   )

The foregoing instrument was acknowledged before me this 23 day of May, 2022, by Susan Monahan, as Trustee (title) of The Susan R. Monahan Living Trust (name of entity).

Witness my hand and official seal.

My commission expires: 8/23/23



[Signature]

Notary Public

