FLORIDA POWER OF ATTORNEY REVOCATION

| Use of this form is for the power of attorney of: |
|---|
| PAS ■ - Health Care Powers |
| PAS = - Financial Powers |
| PAS = - Other: Any and All Powers of Attorneys granted to Joanna E. Sahm |
| I, Patricia A. Sahm P.S., hereby immediately revoke those |
| portions covering decisions of the document titled Power of Attorney, that |
| I previously executed on the of July of 2020 through Feb, 20_23 |
| which appointed Joanna E. Sahm as my agent and |
| unknown individual as my alternate successor agent. I hereby |
| notify said agent(s) and any other interested persons and institutions that all |
| portions of said document are revoked. |
| |
| This revocation takes effect immediately. A photocopy has the same effect as an |
| original. |
| |
| This revocation was signed this $\frac{13}{2}$ of $\frac{April}{23}$. |
| This revocation was signed this 13 of April , 2023. Signature of Principal Patricia A Sahm |
| Print Name Patricia A. Sahm PAS. |
| NOTE: Provide copies to anyone who may have copies of the Power of Attorney |
| that is being revoked. Retain the original of this form in your personal papers. |



We, the witnesses, each do hereby declare in the presence of the principal that the principal signed and executed this instrument in the presence of each of us, that the principal signed it willingly, that each of us hereby signs this power of attorney revocation as witness at the request of the principal and in the principal's presence, and that, to the best of our knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

| Hobensole Soplante Witness's Signature | PAS IE-Other Ary and on Personal |
|--|--|
| Hobensate Laplante | |
| Address | |
| Marie M. Laffante Witness's Signature | Course of the anticipal parameter and the course of the co |
| Marie M. Laplante | |
| NOTARYACKNO | DWLEDGMENT |
| [State of Florida | |
| County of Palm Beach | |
| The foregoing instrument was acknowledg presence or \square online notarization, this 13 (month), 2023 (year), by Patricia A. Sa | th (numeric date) day of April |
| (Seal) | Signature of Portage Policy Co. |
| MARIE M. LAPLANTE Netary Pubric - State of Florida Commission # = 1, 149594 My Comm Expires Oct 1, 2024 Benece through National Netary Assn. | Mulie M. Laplant C Signature of Notary Public |
| | Print, Type/Stamp Name of Notary |
| Personally known: | |
| OR Produced Identification: X | |
| Type of Identification Produced: Florida Driver's Li | cense |

