**GEORGIA LIMITED (SPECIAL) POWER OF ATTORNEY**

I, Tony Carranza (the “Principal”), hereby appoint Lorenza Neal (Agent Name) of 2924 Mount Olive Rd., Atlanta, GA 30305 (Agent Address), as my Attorney-in-Fact (the “Agent”) for the purposes expressed herein.

I hereby revoke any and all powers of attorney that previously have been signed by me only to the extent that any such power of attorney covers the same subject matter of this Limited Power of Attorney.

My Agent shall have full power and authority to act on my behalf but only to the extent permitted by this Limited Power of Attorney. My Agent’s powers shall include the power to:

1. Meet with tenant (Joseph Harkins) at 2121 Kuhl Ave., Atlanta, GA 30329 at 3:00 pm EST on 04/14/2022.
2. Discuss paperwork and rental lease agreement with Joseph. Answer all questions or direct them to me.
3. Sign the rental lease agreement with Joseph and inscribe in my name (also include your initials).
4. Make a copy of the document and give one to me, one to Joseph, and keep one for yourself.

This Limited Power of Attorney goes into effect on 04/14/2022 (mm/dd/yyyy).

I grant my Agent full authority to act in any reasonable and necessary manner for the purpose of exercising the above powers. I ratify all lawfully performed acts by my Agent in exercising those powers.

This Limited Power of Attorney is governed by the laws set forth under the State of Georgia.

This Limited Power of Attorney is effective upon execution. This Limited Power of Attorney may be revoked at any time by me, and shall automatically be revoked upon my death, provided any person relying on this Limited Power of Attorney shall have full rights to accept and reply upon authority of my Agent until in receipt of actual notice of revocation.

**PRINCIPAL SIGNATURE AND ACKNOWLEDGMENT**

**Principal Signature:** Tony Carranza Date: 04/07/2022

Printed Name: Tony Carranza

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**AGENT SIGNATURE AND ACKNOWLEDGMENT**

I, Lorenza Neal, the Agent named above, hereby accept my appointment as Agent in accordance with this Limited Power of Attorney.

**Agent’s signature:** Lorenza Neal Date: 04/07/2022

Printed Name Lorenza Neal

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**STATEMENT OF WITNESS**

On the date written above, the Principal declared to me in my presence that this instrument is his Limited Power of Attorney and that he or she had willingly signed or directed another to sign for him or her, and that he or she executed it as his or her free and voluntary act for the purposes therein expressed.

**Witness 1 Signature:** Kimberly Calahan Date: 04/07/2022

Printed Name: Kimberly Calahan

Address: 3387 Neuport Ln., Atlanta, GA 30303

**NOTARY ACKNOWLEDGMENT**

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy) before me appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as Principal of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that he executed the same as his free act and deed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public**

My commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_