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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2021

JOSH BORBA 215 MAPLE ST AUBURN, CA 95603

SUBJECT: BORBA INVESTMENTS, INC.

Ref. Number: F07000005921

We have received your document for BORBA INVESTMENTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number five of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00022569

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

| TO: Amendme | ent Section Division of Corporation | ons | |
|----------------------|--|---------------------------------------|--|
| SUBJECT: Corpor | rate Name Change | | |
| 5025EC1 | Name | of Corporation | _ |
| DOCUMENT NU | MBER: | | |
| The enclosed Ame | ndment and fee are submitted for | filing. | |
| Please return all co | rrespondence concerning this ma | tter to the following: | |
| Josh Borba | | | |
| | Name of Contact Person | | |
| Borba Investments | . Inc | | |
| | Firm/Company | · | |
| 215 Maple St | | | |
| | Address | | |
| Auburn, CA 95603 | 3 | | |
| | City/State and Zip Code | | |
| JOSH@MLSMON | REY.COM | | |
| E-mail addre | ss: (to be used for future annual r | eport notification) | |
| For further informa | ation concerning this matter, plea | se call: | |
| Josh Borba | _ | at ()888-6000 | |
| Name | of Contact Person | at () Area Code & Daytime ' | Telephone Number |
| Enclosed is a check | k for the following amount: | | |
| 335 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee, Certificate of Status Certified Copy |

Mailing Address:

The second second

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

| F0700 | 0005921 | |
|--|--|--|
| | (Document number of corporation (if known) | |
| BORBA INVESTMENTS, INC | | |
| (Name of co | rporation as it appears on the records of the Departm | nent of State) |
| 2. CA | 3. ^{12/30/2007} | |
| (Incorporated under la | aws of) (Date authoriz | zed to do business in Florida) |
| (4-7 (| SECTION II COMPLETE ONLY THE APPLICABLE CHANG | GES) |
| 4. If the amendment changes the name of the incorporation? 8/13/2021 | corporation, when was the change effected under th | e laws of its jurisdiction of |
| ZYNG, INC. | | |
| (Name of corporation after the amendment not contained in new name of the corpora | nt, adding suffix "corporation," "company," or "incortion) | porated," or appropriate abbreviation |
| ZYNG MORTGAGE C | CO | |
| (If new name is unavailable in Florida, en | ter alternate corporate name adopted for the purpose | of transacting business in Florida) |
| 6. If the amendment changes the period | of duration, indicate new period of duration. | 2021 C SECE TALL A |
| 7. If the amendment changes the jurisdi | (New duration) action of incorporation, indicate new jurisdiction. | FILE [2021 OCT 21 AM SECRETANY OF 5 1ALL AHASSELL FL |
| | (New jurisdiction) | AM 8: 30 FLORIDA |
| If amending the registered agent and/onew registered agent and/or the new remains. | r registered office address in Florida, enter the na gistered office address; | ime of the |
| Name of New Registered Agent | | |
| | (Florida street address) | |
| New Registered Office Address: | | _, Florida (Zip Code) |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if o | changing Registered Agent: | |
| I hereby accept the appointment as regist | ered agent. I am familiar with and accept the oblig | ations of the position. |
| | | |

Signature of New Registered Agent, if changing

| Title/ Capacity | <u>Name</u> | Address | Type of Action |
|--|--|---|--|
| | | | []Add |
| | | | Remove |
| | | | |
| | | | Remove |
| | | | 🗖 Add |
| | | | |
| | | | □Add |
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| | | | □Add |
| | | | Remove |
| 10. Attached is a confidence of the application under the laws | certificate or document of similar import, evi on to the Department of State, by the Secretar of which it is incorporated. | dencing the amendment, authenticated no y of State or other official having custody | ot more than 90 days prior to delive of corporate records in the jurisdiction |
| | (Signature of a directo | or, president or other officer - if in the han urt appointed fiduciary, by that fiduciary) | ds of |
| | Josh Borba | Preside | |
| | (Typed or printed name of person signing) | | rson signing) |

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

FILING FEE \$35.00



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: ZYNG, INC. File Number: C2672139 Registration Date: 08/24/2004

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of August 24, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

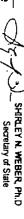


IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 25, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: Y6V4KGZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.



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Secretary of State

Certificate of Amendment of Articles of Incorporation

Name Change Only - Stock

AMDT-STK-NA

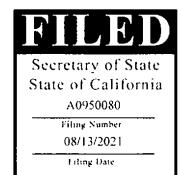
IMPORTANT - Read Instructions before completing this form.

Filing Fee - \$30.00

Copy Fees - First Page \$1.00 & .50 for each attachment page; Certification Fee - \$5.00

1. Corporation Name (Enter the exact name of the corporation as it currently is recorded with the California Secretary of State.)

BORBA INVESTMENTS, INC.



This Space For Office Use Only

2. 7-Digit Secretary of State Entity Number

C2672139

3. New Corporation Name

| (e. | (e.g., "1.", "First", or "One"). | | |
|------|--|--|--|
| | Articleof the Articles of Incorporation is amended to read: | | |
| | The name of the corporation is ZYNG, INC. | | |
| | | | |
| 4. A | pproval Statements | | |
| 4a | . The Board of Directors has approved the amendment of the Articles of Incorporation. | | |
| | Shareholder approval was (check one): | | |
| | By the required vote of shareholders in accordance with California Corporations Code section 902. The total number of outstanding shares of the corporation entitled to vote is2,000. The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than 50%. | | |
| | OR | | |
| | Not required because the corporation has no outstanding shares | | |

Read, sign and date below (See instructions for signature requirements. Note: Both lines must be signed.)

We declare under penalty of perjury under the laws of the State of California that the matters set forth herein are true and correct of our own knowledge and we are authorized by California law to sign.

| 8/13/2021 | Thickord Borba | Michael Borba |
|-----------|--------------------------------|---------------------------------|
| Date | Signature (Do not leave blank) | Type or Print Name of President |

8/13/2021 Joshua Borba

Date Signature (Do not léave blank) Type or Print Name of Secretary