

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000103632

**Entity Name:** INSTYLIST, INC.

**Current Principal Place of Business:**

1000 WEST AVE  
APT #518  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1000 WEST AVE  
APT #518  
MIAMI BEACH, FL 33139

**FEI Number:** 26-3769450

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOPP, KATERINE A  
1000 WEST AVE  
#518  
MIAMI BEACH, FL 33139 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name KOPP, KATERINE A  
Address 1000 WEST AVE #518  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATERINE KOPP

**DIRECTOR**

**03/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date